

EXHIBIT

I

FOLDER 3

Pt 1

MITTEE NAME/ADDRESS (INCLUDE
ILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539
ILITY 610 Menhaden Rd
ATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867			002		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	06	01	TO 07	06	30

Industrial Major 05/24/2007
DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
68 TKN (N-KJEL)	REPORTD	17.2	*****	KG/D	*****	20.9	*****	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
180 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	25.0	27.9	C	Ø	2D/W	IS
	REQRMNT	*****	*****		*****	NL	NL	C		2D/W	IS
140 ENTEROCOCCI	REPORTD	*****	*****		*****	200	*****	N/CML	Ø	1/W	GRAB
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*****	*****		*****	*****	<1.0	TU-A	Ø	1/3M	24HC
	REQRMNT	*****	*****		*****	*****	14	TU-A		1/3M	24HC
389 NITRITE+NITRATE- N, TOTAL	REPORTD	1.7	*****	KG/D	*****	2.0	*****	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	3.7	5.3	KG/D	*****	*****	*****		Ø	2/M	GRAB
	REQRMNT	25	46	KG/D	*****	*****	*****			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*****	320	KG/M	*****	*****	*****		Ø	1/M	CALC
	REQRMNT	*****	NL	KG/MO	*****	*****	*****				
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*****			*****	*****	*****			1/YR	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****				

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE			
None				Ø	Ø	Ø	Graham Lyell Jett		1911004463			
							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.	
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		YEAR MO. DAY	
							Graham Lyell Jett		Graham Lyell Jett		804-453-4211	
							TYPED OR PRINTED NAME		SIGNATURE		YEAR MO. DAY	

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867			002			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	06	01	TO	07	06	30

Industrial Major 05/24/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*****	47.9	KG/M	*****	*****	*****		0	1/M	CALC
	REQRMNT	*****	NL	KG/MO	*****	*****	*****			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*****			*****	*****	*****			1/YR	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****				
795 ORTHOPHOSPHATE (AS P)	REPORTD	2.3	*****	KG/D	*****	2.7	*****	MG/L	0	1/W	24HC
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*****	367.3	KG/Y	*****	*****	*****		0	1/M	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****		0	1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*****	65.0	KG/Y	*****	*****	*****			1/M	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****				
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None				0	0	0	Graham Lyell Jett	Graham Lyell Jett	1911004463	07	07	06			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		TELEPHONE		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		YEAR		MO.	DAY	
							Graham Lyell Jett		Graham Lyell Jett		204-453-4211		07	07	06
							TYPED OR PRINTED NAME		SIGNATURE		YEAR		MO.	DAY	

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Industrial Major 10/19/2005

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	*****	*****				
003 BOD5	REPORTD				*****	*****	*****				
	REQRMNT	4300	7700	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD				*****	*****	*****				
	REQRMNT	110	280	KG/D	*****	*****	*****			2/M	24HC
007 DO	REPORTD	*****	*****				*****				
	REQRMNT	*****	*****		NL	NL	*****	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*****		*****		*****				
	REQRMNT	3.0	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*****		*****		*****				
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	CALC
039 AMMONIA, AS N	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	37	45	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None				0	0	0	Graham Lynn Jett	Graham Lynn Jett	1911004463	07	07	06			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
							TYPED OR PRINTED NAME		SIGNATURE		804-453-4211		07	07	06

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
068 TKN (N-KJEL)	REPORTD		*****		*****		*****				
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL		C		1/DAY	IS
389 NITRITE+NITRATE- N, TOTAL	REPORTD		*****		*****		*****				
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*****	*****	*****				
	REQRMNT	430	780	KG/D	*****	*****	*****			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	KG/MO	*****	*****	*****			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	KG/YR	*****	*****	*****			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	KG/MO	*****	*****	*****			1/M	CALC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None				0	0	0	Graham Lynch-Jett	Graham Lynch-Jett	1911004463	07	07	06			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
							Graham Lynch-Jett		Graham Lynch-Jett		804-453-4211		07	07	06
							TYPED OR PRINTED NAME		SIGNATURE				YEAR	MO.	DAY

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DDRESS PO Box 175
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ACILITY 610 Menhaden Rd
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4949-A Cox Road

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VA 23060

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PERMIT NUMBER			DISCHARGE NUMBER			
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07	06	01		07	06	30

[illegible]

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE				
None	0	0	0	Graham Lyell Jett	Graham Lyell Jett	1911004463	07	07	06	
<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</p>				TYPED OR PRINTED NAME		SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE				
				Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	07	06	
				TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY

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OCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	995					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	06	01		07	06	30

Industrial Major 10/19/2005

DEPT. OF ENVIRONMENTAL QUALITY
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	3.131	4.212	MG-D	*****	*****	*****		0	CONT	EST
	REQRMNT	NL	NL	MG-D	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		7.82	*****	8.29	SU	0	5D/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	41	41	UG/L	0	1/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	34.7	38.9	C	0	1/D	IS
	REQRMNT	*****	*****		*****	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	3.20	3.20	UG/L	0	1/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	50	50	UG/L	0	1/M	GRAB
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

				OPERATOR IN RESPONSIBLE CHARGE		DATE			
BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	Graham Lyell Jeff Graham Lyell		1911004463	07	07	06
None				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE				
				Graham Lyell Jeff Graham Lyell	804-453-4211		07	07	06
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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DISCHARGE MONITORING REPORT(DMR)

VA0003867	996
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
07 06 01	07 06 30

Industrial Major 11/16/2005

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*****	1711	KG/M	*****	*****	*****	0	1/M	CALC
	REQRMNT	*****	NL	KG/MO	*****	*****	*****		1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD				*****	*****	*****		1/YR	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****	0	1/M	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*****	87.0	KG/M	*****	*****	*****		1/M	CALC
	REQRMNT	*****	NL	KG/MO	*****	*****	*****			
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD				*****	*****	*****		1/YR	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****	0	1/M	CALC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*****	2379	KG/Y	*****	*****	*****		1/M	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****	0	1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*****	125.5	KG/Y	*****	*****	*****		1/M	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****			
	REPORTD								*****	
	REQRMNT									
	REPORTD								*****	
	REQRMNT									

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES				TOTAL FLOW(M.G.)				TOTAL BOD5(K.G.)				OPERATOR IN RESPONSIBLE CHARGE				DATE			
None				0				0				0				Cynthia Lyell-Jett				1911004463			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME				SIGNATURE				CERTIFICATE NO.				YEAR MO DAY				07 07 06			
				Cynthia Lyell-Jett				Cynthia Lyell-Jett				804-453-4211				07 07 06							
				TYPED OR PRINTED NAME				SIGNATURE															



OMEGA
PROTEIN

DMR REPORTING
Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	7-Jun-07	10:05	25.4	8.39	0.873	11.2
002	7-Jun-07	9:55	25.7	8.31	0.684	11.6
995	7-Jun-07	10:10	25.2	8.23	0.878	11.3

VA0003867
Part I B 4

DMR Cockrell Creek - June 2007

6/25/2007

Page 1 of 1

Month of June, 2007

Omega Protein, Inc
VPDES Permit #VA000386 7

Chesapeake Bay Water Quality Monitoring Data

Predischage								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25		1540	2.6	7.73	<.10	24.6	7.06	12	1600	2.5	7.7	<.10	24.2	8.26
26														
27														
28														
29														
30														
31														

Name of Vessel John S. Dempster

Name of Sampler Andy Hall

Omega Protein, Inc
VPDES Permit #VA000386 7

Chesapeake Bay Water Quality Monitoring Data

Predischarge								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
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11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25	1610	2.4	7.74	<.10	24.58	7.06	11.9	1620	2.2	7.74	<.10	24.4	8.16	12
26														
27														
28														
29														
30														
31														

Name of Vessel Earl J. ConradName of Sampler Andy Hall

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 6/14/07 To 6/10/07

Paint Area

COMPLIANCE / NONCOMPLIANCE *
(check as appropriate)



*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Nicholas Lynn Ott 07-07-2007
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 6/11/07 To 6/17/07

Paint Area

COMPLIANCE / NONCOMPLIANCE *
(check as appropriate)

<u> </u>	<u> </u>
<u> </u>	<u> </u>
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*Comments on Noncompliance

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Name of Principal Exec. Officer or Authorized Agent / Title

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Markus Lyell Ott 07-07-2007
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 6/18/07 To 6/24/07

Paint Area

COMPLIANCE / NONCOMPLIANCE *
(check as appropriate)



*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Nickam Lyell Ott 07-07-2007
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 6/25/07 To 7/1/07

Paint Area

COMPLIANCE / NONCOMPLIANCE *
(check as appropriate)



*Comments on Noncompliance

Ted Schultz / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Ott 07-07-2007
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	07	01	TO	07	07	31

Industrial Major 10/12/2005
DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	2.880	4.254	MGD	*****	*****	*****		0	CONT	EST
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		7.5	*****	8.1	SU	0	3D/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	259.5	599.0	KG/D	*****	*****	*****			3D/W	24HC
	REQRMNT	1700	3100	KG/D	*****	*****	*****		0	3D/W	24HC
004 TSS	REPORTD	316.1	553.9	KG/D	*****	*****	*****			3D/W	24HC
	REQRMNT	650	1600	KG/D	*****	NA	NA				
005 CL2, TOTAL	REPORTD	*****	*****		*****	580	1200	UG/L		1/DAY	GRAB
	REQRMNT	*****	*****		*****	0.3	*****	MG/L	0	1/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	2.07	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
	REQRMNT	23	*****	KG/D	*****	14.2	*****	MG/L	0	1/W	CALC
013 NITROGEN, TOTAL (AS N)	REPORTD	111.3	*****	KG/D	*****	NL	*****	MG/L		1/W	CALC
	REQRMNT	NL	*****	KG/D	*****	<QL	<QL	UG/L	0	2/M	GRAB
018 CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	96	110	UG/L		2/M	GRAB
	REQRMNT	*****	*****		*****						

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

OPERATOR IN RESPONSIBLE CHARGE

BYPASSES AND OVERFLOWS
TOTAL OCCURRENCES
TOTAL FLOW (M.G.)
TOTAL BOD5 (K.G.)

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.	YEAR	MO.	DAY
Graham Lloyd Test		Graham Lloyd Test		1911004463	07	08	08
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		SIGNATURE		TELEPHONE	YEAR	MO.	DAY
Graham Lloyd Test		Graham Lloyd Test		804-453-4211	07	08	08

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
ACILITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867		001				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	07	01	TO	07	07	31

Industrial Major 10/12/2005

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
039 AMMONIA, AS N	REPORTD	*****	*****		*****	10.1	12.5	MG/L	0	3/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD	110.3	*****	KG/D	*****	14.0	*****	MG/L	0	1/W	24HC
	REQRMNT	NL	*****		*****	NL	*****	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	42.0	C	0	1/D	IS
	REQRMNT	*****	*****		*****	*****	50	C		1/DAY	IS
389 NITRITE+NITRATE- N, TOTAL	REPORTD	1.0	*****	KG/D	*****	0.1	*****	MG/L	0	1/W	24HC
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	56.2	81.0	KG/D	*****	*****	*****		0	3D/W	GRAB
	REQRMNT	370	680	KG/D	*****	*****	*****			1/M	CALC
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*****	2337	KG/MO	*****	*****	*****			1/M	CALC
	REQRMNT	*****	NL	KG/MO	*****	*****	*****				
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*****			*****	*****	*****			1/YR	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****		0	1/M	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*****	43.4	KG/MO	*****	*****	*****			1/M	CALC
	REQRMNT	*****	NL	KG/MO	*****	*****	*****				

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None				0	0	0	Graham Lyell Jett Abraham Lyell Jett		1911004463	07	08	08			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
							Graham Lyell Jett Abraham Lyell Jett		804.453.4211		07 08 08				
							TYPED OR PRINTED NAME		SIGNATURE		YEAR MO. DAY				

MITTEE NAME/ADDRESS(INCLUDE
ITY NAME/LOCATION IF DIFFERENT)

E Omega Protein - Readville
RESS PO Box 175
Readville VA 22539

ILITY 610 Menhaden Rd
ATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867		001	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	TO YEAR MO DAY
07	07	01	07 07 31

FROM

Industrial Major 10/19/2005

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
34 PHOSPHORUS, TOTAL (AS) (CALENDAR YEAR)	REPORTD	*****			*****	*****	*****			1/YR	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****				
95 ORTHOPHOSPHATE (AS P)	REPORTD	0.7	*****	KG/D	*****	0.09	*****	MG/L	0	1/W	24HC
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L	0	1/W	24HC
05 NITROGEN, TOTAL (AS I) (YEAR-TO-DATE)	REPORTD	*****	4348	KG/Y	*****	*****	*****			1/M	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****		0	1/M	CALC
106 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*****	104.0	KG/Y	*****	*****	*****			1/M	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****				
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS			TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE		
None			0	0	0	Graham Lyell Jett TYPED OR PRINTED NAME Signature PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		1911004463 CERTIFICATE NO. TELEPHONE 804-453-4211		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 11 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						Graham Lyell Jett TYPED OR PRINTED NAME Signature		07 08 08 YEAR MO DAY		

MITTEE NAME/ADDRESS(INCLUDE
LITY NAME/LOCATION IF DIFFERENT)

E Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539
ILITY 610 Menhaden Rd
ATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867		002	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	YEAR
07	07	01	07
FROM		TO	
07		31	

Industrial Major 05/24/2007
DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
01 FLOW	REPORTD	0.139	0.244	MGD	*****	*****	*****		0	CONT	MEAS
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	MEAS
02 PH	REPORTD	*****	*****		7.46	*****	8.52	SU	0	2D/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2D/W	GRAB
03 BOD5	REPORTD	9.6	9.8	KG/D	*****	*****	*****			2/M	24HC
	REQRMNT	470	840	KG/D	*****	*****	*****		0	2/M	24HC
004 TSS	REPORTD	12.0	14.5	KG/D	*****	*****	*****			2/M	24HC
	REQRMNT	160	410	KG/D	*****	*****	*****		0	2/M	24HC
006 COLIFORM, FECAL	REPORTD	*****	*****		*****	1386	*****	N/CML	0	1/W	GRAB
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	1.3	*****	KG/D	*****	5.5	*****	MG/L	0	1/W	24HC
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	6.8*	*****	KG/D	*****	28.2*	*****	MG/L	0	2/M	CALC
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*****	*****		*****	19.2	21.2	MG/L	0	2/M	24HC
	REQRMNT	*****	*****		*****	38	45	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS			TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE				
None			0	0	0	Graham Lyell	Jett Abraham Lyell	1911004463	07	08	08	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TYPED OR PRINTED NAME		SIGNATURE		TELEPHONE		
						PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						
						Graham Lyell		Jett Abraham Lyell	804-453-4211	07	08	08
						TYPED OR PRINTED NAME		SIGNATURE		YEAR		
										MO.		
										DAY		

ITTEE NAME/ADDRESS(INCLUDE
ITY NAME/LOCATION IF DIFFERENT)

Omega Protein - Reedville
PO Box 175
Reedville VA 22539
610 Menhaden Rd
ATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	002					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	31

Industrial Major 05/24/2007
DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
B TKN (N-KJEL)	REPORTD	6.4	*****	KG/D	*****	26.0	*****	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
O TEMPERATURE, WATER (EG. C)	REPORTD	*****	*****		*****	27.1	31.2	C	Ø	2D/W	IS
	REQRMNT	*****	*****		*****	NL	NL	C		2D/W	IS
10 ENTEROCOCCI	REPORTD	*****	*****		*****	331.7	*****	N/CML	Ø	1/W	GRAB
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
79 TOXICITY, FINAL, CUTE	REPORTD	*****	*****		*****	*****	14	TU-A		1/3M	24HC
	REQRMNT	*****	*****		*****	2.3*	*****	MG/L	Ø	1/W	24HC
89 NITRITE+NITRATE- I,TOTAL	REPORTD	0.4*	*****	KG/D	*****	*****	*****	MG/L		1/W	24HC
	REQRMNT	NL	*****	KG/D	*****	*****	*****		Ø	2/M	GRAB
300 OIL & GREASE	REPORTD	1.7	1.7	KG/D	*****	*****	*****		Ø	1/M	CALC
	REQRMNT	25	46	KG/D	*****	*****	*****			1/M	CALC
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*****	190*	KG/MO	*****	*****	*****				
	REQRMNT	*****	NL	KG/MO	*****	*****	*****				
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*****		KG/YR	*****	*****	*****			1/YR	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****				

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

OPERATOR IN RESPONSIBLE CHARGE				DATE		
BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	1911004463		
None	Ø	Ø	Ø	07 08 08		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				07 08 08		
Graham Lynn Jett				1911004463		
TYPED OR PRINTED NAME				07 08 08		
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Graham Lynn Jett				07 08 08		
TYPED OR PRINTED NAME</						

MITTEE NAME/ADDRESS (INCLUDE
ILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
CILITY 610 Menhaden Rd
CATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867			002			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		02	07	31

Industrial Major 05/24/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*****	37.4	KG/MO	*****	*****	*****		0	1/M	CALC
	REQRMNT	*****	NL	KG/MO	*****	*****	*****			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*****			*****	*****	*****			1/YR	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****			1/W	24HC
795 ORTHOPHOSPHATE (AS P)	REPORTD	1.6*	*****	KG/D	*****	4.9*	*****	MG/L	0	1/W	24HC
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/M	CALC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*****	557.6*	KG/Y	*****	*****	*****		0	1/M	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****		0	1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*****	102.4	KG/Y	*****	*****	*****			1/M	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****				
	REPORTD									*****	
	REQRMNT									*****	
	REPORTD									*****	
	REQRMNT									*****	
	REPORTD									*****	
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

OPERATOR IN RESPONSIBLE CHARGE

DATE

BYPASSES AND OVERFLOWS
TOTAL OCCURRENCES
TOTAL FLOW (M.G.)
TOTAL BOD5 (K.G.)

Graham Lynn Jeff	1911004463	07	08	08	
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lynn Jeff	804.453.4211	07	08	08	
TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY	

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 11 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

MITTEE NAME/ADDRESS(INCLUDE
ILITY NAME/LOCATION IF DIFFERENT)

IE Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539

ILITY 610 Menhaden Rd
ATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867		003				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	07	01	TO	07	07	31

Industrial Major 10/19/2005

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
01 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	*****	*****				
003 BOD5	REPORTD				*****	*****	*****			2/M	24HC
	REQRMNT	4300	7700	KG/D	*****	*****	*****				
004 TSS	REPORTD				*****	*****	*****			2/M	24HC
	REQRMNT	110	280	KG/D	*****	*****	*****				
007 DO	REPORTD	*****	*****		NL	NL	*****	MG/L		1/DAY	GRAB
	REQRMNT	*****	*****		*****	*****	*****				
012 PHOSPHORUS, TOTAL (AS P)	REPORTD				*****	2.0	*****	MG/L		1/W	24HC
	REQRMNT	3.0	*****	KG/D	*****	*****	*****				
013 NITROGEN, TOTAL (AS N)	REPORTD				*****	NL	*****	MG/L		1/W	CALC
	REQRMNT	NL	*****	KG/D	*****	*****	*****				
039 AMMONIA, AS N	REPORTD	*****	*****		*****	37	45	MG/L		2/M	24HC
	REQRMNT	*****	*****		*****	*****	*****				

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE									
None							Graham L. Jett		07 08 08									
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR		MO.		DAY	
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE		07		08		08	
							TYPED OR PRINTED NAME		SIGNATURE		804-453-4211		07		08		08	

MITTEE NAME/ADDRESS(INCLUDE
ILITY NAME/LOCATION IF DIFFERENT)

1E Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539
ILITY 610 Menhaden Rd
ATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	003				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	07	01	07	07	31

Industrial Major

10/19/2005

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
68 TKN (N-KJEL)	REPORTD		*****		*****		*****				
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
180 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	NL	C		1/DAY	IS
389 NITRITE+NITRATE- N, TOTAL	REPORTD		*****		*****		*****				
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
	REQRMNT	*****	*****		*****	*****	*****				
500 OIL & GREASE	REPORTD									2/M	GRAB
	REQRMNT	430	780	KG/D	*****	*****	*****				
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*****			*****	*****	*****			1/M	CALC
	REQRMNT	*****	NL	KG/MO	*****	*****	*****				
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*****			*****	*****	*****			1/YR	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****				
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*****			*****	*****	*****			1/M	CALC
	REQRMNT	*****	NL	KG/MO	*****	*****	*****				

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None				0	0	0	Graham Lyell-Jett	1911004463	07	08	08				
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
							TYPED OR PRINTED NAME		SIGNATURE		804.453.4211		07	08	08
													YEAR	MO.	DAY

WITTEE NAME/ADDRESS(INCLUDE
ITY NAME/LOCATION IF DIFFERENT)

Ω Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539

LITY 610 Manhaden Rd
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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	07	01	TO	07	07	31

FROM

Industrial Major 10/19/2005

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
14 PHOSPHORUS, TOTAL (AS (CALENDAR YEAR))	REPORTD	*****			*****	*****	*****			
	REQRMNT	*****	NL	KG/YR	*****	*****	*****		1/YR	CALC
35 ORTHOPHOSPHATE (AS P)	REPORTD		*****		*****	*****	*****			
	REQRMNT	NL	*****	KG/D	*****	NL	*****		1/W	24HC
05 NITROGEN, TOTAL (AS) (YEAR-TO-DATE)	REPORTD	*****			*****	*****	*****			
	REQRMNT	*****	NL	KG/YR	*****	*****	*****		1/M	CALC
06 PHOSPHORUS, TOTAL (AS) (YEAR-TO-DATE)	REPORTD	*****			*****	*****	*****			
	REQRMNT	*****	NL	KG/YR	*****	*****	*****		1/M	CALC
	REPORTD	NO								*****
	REQRMNT									*****
	REPORTD	NO								*****
	REQRMNT									*****
	REPORTD	NO								*****
	REQRMNT									*****
	REPORTD	NO								*****
	REQRMNT									*****

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES None	TOTAL FLOW(M.G.) 0	TOTAL BOD5(K.G.) 0	OPERATOR IN RESPONSIBLE CHARGE		DATE			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME Graham Lynn Jett	SIGNATURE Graham Lynn Jett	CERTIFICATE NO. 1911004463	YEAR 07	MO. 08	DAY 08
				TYPED OR PRINTED NAME Graham Lynn Jett	SIGNATURE Graham Lynn Jett	TELEPHONE 804-453-4211	YEAR 07	MO. 08	DAY 08

MITTEE NAME/ADDRESS(INCLUDE
ILITY NAME/LOCATION IF DIFFERENT)

1E Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539

ILITY 610 Menhaden Rd
ATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			995		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	07	01	TO	07	07

FROM

Industrial Major 10/19/2005

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
01 FLOW	REPORTD	2.852	4.212	MGD	*****	*****	*****		0	CONT	EST
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
02 PH	REPORTD	*****	*****		7.72	*****	8.11	SU	0	50/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		50/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	30.0	30.0	UG/L	0	1/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	33.3	39.4	C	0	1/D	IS
	REQRMNT	*****	*****		*****	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
446 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	65.0	65.0	UG/L	0	1/M	GRAB
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE					
None				0	0	0	Graham Lyell Jeff Abraham Lyell Jeff		1911004463	07	07	07		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. 6 1001 AND 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.	YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE					
							Graham Lyell Jeff Abraham Lyell Jeff		804-453-4211		07	07	07	
							TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY	

WASTE NAME/ADDRESS (INCLUDE
WASTE NAME/LOCATION IF DIFFERENT)

Omega Protein - Reedville
PO Box 175
Reedville VA 22539

WASTE LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867			996		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	07	01	TO	07	07

Industrial Major 11/16/2005
DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
1 NITROGEN, TOTAL (AS (MONTHLY LOAD))	REPORTD	*****	2528*	KG/MO	*****	*****	*****		0	1/M	CALC
	REQRMNT	*****	NL	KG/MO	*****	*****	*****			1/M	CALC
2 NITROGEN, TOTAL (AS (CALENDAR YEAR))	REPORTD			KG/YR	*****	*****	*****			1/YR	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****		0	1/M	CALC
3 PHOSPHORUS, TOTAL (AS (MONTHLY LOAD))	REPORTD	*****	80.9	KG/MO	*****	*****	*****			1/M	CALC
	REQRMNT	*****	NL	KG/MO	*****	*****	*****				
4 PHOSPHORUS, TOTAL (AS (CALENDAR YEAR))	REPORTD			KG/YR	*****	*****	*****			1/YR	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****		0	1/M	CALC
5 NITROGEN, TOTAL (AS (YEAR-TO-DATE))	REPORTD	*****	4907*	KG/YR	*****	*****	*****			1/M	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****		0	1/M	CALC
6 PHOSPHORUS, TOTAL (AS (YEAR-TO-DATE))	REPORTD	*****	206.4	KG/YR	*****	*****	*****			1/M	CALC
	REQRMNT	*****	NL	KG/YR	*****	*****	*****				
	REPORTD									*****	
	REQRMNT									*****	
	REPORTD										
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)
None	0	0	0

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE
PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED
TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION
SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR
THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION
SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE.
I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION.
INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE
U.S.C. 11001 AND 33 U.S.C. 1319. (Penalties under these statutes may include
up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE		DATE	
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR MO. DAY
Graham Lyell Jett	Graham Lyell Jett	1911004463	07 08 08
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	
TYPED OR PRINTED NAME	SIGNATURE		YEAR MO. DAY
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07 08 08



OMEGA
PROTEIN

DMR REPORTING
Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	4-Jul-07	10:05	27.0	8.22	0.41	12.0
002	4-Jul-07	9:55	25.2	8.32	0.34	11.9
995	4-Jul-07	10:10	26.2	8.14	0.907	11.9

VA0003867

Part I B 4

DMR Cockrell Creek - July 2007

8/2/2007

Page 1 of 1

Month of July, 2007

Omega Protein, Inc
VPDES Permit #VA000386 7

Chesapeake Bay Water Quality Monitoring Data

Predischage								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25	1205	2.6	7.87	0.159	27.1	8.35	13.4	1240	2	8	0.219	26.9	8.3	13.6
26														
27														
28														
29														
30														
31														

Name of Vessel John S. Dempster

Name of Sampler Andy Hall

Chesapeake Bay Water Quality Monitoring Data

Predischarge								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25	1215	2.2	7.85	0.179	27.2	8.34	13.4	1255	2.4	7.82	<.10	27	8.35	13.6
26														
27														
28														
29														
30														
31														

Name of Vessel Smith Island

Name of Sampler Andy Hall

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/23/07 To 7/27/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham L. Luce 09/08/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 2/16/07 To 7/27/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

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Name of Principal Exec. Officer or Authorized Agent / Title

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Graham Luedtke 08/08/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 2/9/07 To 2/5/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

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Graham L. Lott 08/08/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/2/07 to 7/8/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

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Arham Luss Jett 08/08/07
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY
LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	08	01	TO	07	08	31

FROM

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	3.191	4.254	MGD	*****	*****	*****		0	CONT	EST
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		7.5	*****	8.3	SU	0	3D/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	151.8	372.4	KG/D	*****	*****	*****		0	3D/W	24HC
	REQRMNT	1700	3100	KG/D	*****	*****	*****			3D/W	24HC
004 TSS	REPORTD	303.0	555.5	KG/D	*****	*****	*****		0	3D/W	24HC
	REQRMNT	650	1600	KG/D	*****	*****	*****			3D/W	24HC
005 CL2, TOTAL	REPORTD	*****	*****		*****	NA	NA				
	REQRMNT	*****	*****		*****	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	1.20	*****	KG/D	*****	0.25	*****	MG/L	0	1/W	24HC
	REQRMNT	23	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	2/M	GRAB
	REQRMNT	*****	*****		*****	96	110	UG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTD	*****	*****		*****	8.35	8.51	MG/L	0	2/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

				OPERATOR IN RESPONSIBLE CHARGE		DATE			
BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	Graham Lyell Jett	Graham Lyell Jett	1911004463	07	09	07
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	09	07
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY
LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	08	01	TO	07	08	31

FROM

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	44.4	°C	Ø	1/DAY	IS
	REQRMNT	*****	*****		*****	*****	50	C		1/DAY	IS
500 OIL & GREASE	REPORTD	60.2	80.5	KG/D	*****	*****	*****		Ø	3D/W	GRAB
	REQRMNT	370	680	KG/D	*****	*****	*****			3D/W	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

				OPERATOR IN RESPONSIBLE CHARGE			DATE		
BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	Graham Lyell Jett	Graham Lyell Jett	1911004463	07	09	07
None				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE			
						</			

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

FACILITY NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867			002			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	08	01	TO	07	08	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.158	0.301	MGD	*****	*****	*****		0	CONT	Meas
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	MEAS
002 PH	REPORTD	*****	*****		7.5	*****	8.5	SU	0	2D/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	23.6	35.6	KG/D	*****	*****	*****		0	2/M	24HC
	REQRMNT	470	840	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD	42.3	51.7	KG/D	*****	*****	*****		0	2/M	24HC
	REQRMNT	160	410	KG/D	*****	*****	*****			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*****	*****		*****	1426	*****	N/CML	0	1/W	GRAB
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	2.2	*****	KG/D	*****	5.0	*****	MG/L	0	1/W	24HC
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*****	*****		*****	7.4	8.4	MG/L	0	2/M	24HC
	REQRMNT	*****	*****		*****	38	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	22.7	31.4	°C	0	2D/W	IS
	REQRMNT	*****	*****		*****	NL	NL	C		2D/W	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
	NONE	0	0	Graham Lyell Jett	Graham Lyell Jett	1911004463	07	09	07
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE				
				Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	09	07
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY
LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867			002			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	08	01	TO	07	08	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
140 ENTEROCOCCI	REPORTD	*****	*****		*****	1487	*****	N/CML	Ø	1/W	GRAB
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*****	*****		*****	*****	<1.0	TU-A	Ø	1/3M	24HC
	REQRMNT	*****	*****		*****	*****	14	TU-A		1/3M	24HC
500 OIL & GREASE	REPORTD	2.0	2.3	KG/D	*****	*****	*****		Ø	2/M	GRAB
	REQRMNT	25	46	KG/D	*****	*****	*****			2/M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE			
None	Ø	Ø	Ø	Graham Lyell Jett	Graham Lyell Jett	1911004463	07	09	07	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE				
				Graham Lyell Jett		Graham Lyell Jett	804-453-4211	07	09	07
				TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

JAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY
LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			003			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	08	01	TO	07	08	31

FROM

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS.	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				*****	*****	*****				
	REQRMNT	4300	7700	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD				*****	*****	*****				
	REQRMNT	110	280	KG/D	*****	*****	*****			2/M	24HC
007 DO	REPORTD	*****	*****				*****				
	REQRMNT	*****	*****		NL	NL	*****	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD				*****		*****				
	REQRMNT	3.0	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	37	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	C		1/DAY	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

				OPERATOR IN RESPONSIBLE CHARGE			DATE		
BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	Graham Lynn Jett	Graham Lynn Jett	1911004463	07	09	07
	None	0	0	TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				Graham Lynn Jett	Graham Lynn Jett	804-453-4211	07	09	07
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			003			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	08	01	TO	07	08	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*****	*****	*****				
	REQRMNT	430	780	KG/D	*****	*****	*****			2/M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE			
	None	0	0	Graham Lyell Jett	Graham Lyell Jett	1911004463	07	09	07	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE				
				Graham Lyell Jett		Graham Lyell Jett	804-453-4211	07	09	07
				TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867		995	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	YEAR
07	08	01	07
FROM		TO	
07/08/01		07/08/31	

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	3.159	4.212	MGD	*****	*****	*****		0	CONT	EST
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		7.5	*****	8.3	SU	0	5D/W	G-RAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	16.0	16.0	UG/L	0	1/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	34.0	39.8	°C	0	1/Day	IS.
	REQRMNT	*****	*****		*****	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	68.0	68.0	UG/L	0	1/M	GRAB
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE					
None	0	0	0	Graham Lyell Jett	Graham Lyell Jett	1911004463	07	09	07			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
				Graham Lyell Jett		Graham Lyell Jett		804-453-4211		07	09	07
				TYPED OR PRINTED NAME		SIGNATURE				YEAR	MO.	DAY



OMEGA
PROTEIN™

DMR REPORTING

Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	6-Aug-07	11:25	30.2	7.96	0.37	13.9
002	6-Aug-07	11:10	30.2	8.00	0.29	13.4
995	6-Aug-07	11:20	30.2	7.98	0.521	13.9

VA0003867

Part I B 4

DMR Cockrell Creek August 2007

8/31/2007

Page 1 of 1

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/30/07 To 8/15/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Shaham Lyell Q. Jett 9-7-07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 8/6/07 To 8/12/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Arachon Luper Vitt 9-7-07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 8/13/07 To 8/19/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Maaham Luell Jett 9-7-07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 8/20/07 To 8/26/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Arsham L. Williams 9-7-07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 8/27/07 To 9/2/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Sharon L. [Signature] 9-7-07
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	09	01	TO	07	09	30

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	3.160	4.254	MG/D	*****	*****	*****		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		7.6	*****	8.3	SU	Ø	3D/W	G-RAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	271.5	658.6	KG/D	*****	*****	*****		Ø	3D/W	24HC
	REQRMNT	1700	3100	KG/D	*****	*****	*****			3D/W	24HC
004 TSS	REPORTD	396.2	681.1	KG/D	*****	*****	*****		Ø	3D/W	24HC
	REQRMNT	650	1600	KG/D	*****	*****	*****			3D/W	24HC
005 CL2, TOTAL	REPORTD	*****	*****		*****	NA	NA				
	REQRMNT	*****	*****		*****	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	2.07	*****	KG/D	*****	0.28	*****	MG/L	Ø	1/W	24HC
	REQRMNT	23	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	25	30	UG/L	Ø	2/M	G-RAB
	REQRMNT	*****	*****		*****	96	110	UG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTD	*****	*****		*****	8.56	10.4	MG/L	Ø	2/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None				Ø	Ø	Ø	Stalzy Lee Boulton		1911000976						
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
							TYPED OR PRINTED NAME		SIGNATURE				YEAR	MO.	DAY
							W. T. BLENCOWE		W. T. Blencowe		804-453-4211		07	10	9

MITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539

CILITY 610 Menhaden Rd
CATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	09	01	TO	07	09	30

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
380 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	39.1	C	0	1/D	IS
	REQRMNT	*****	*****		*****	*****	50	C		1/DAY	IS
500 OIL & GREASE	REPORTD	58.6	80.5	KG/D	*****	*****	*****		0	3D/W	GRAB
	REQRMNT	370	680	KG/D	*****	*****	*****			3D/W	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES				TOTAL FLOW(M.G.)				TOTAL BOD5(K.G.)				OPERATOR IN RESPONSIBLE CHARGE				DATE			
None				0				0				0				Stephens Lee Bowles III				1911000976			
																TYPED OR PRINTED NAME				CERTIFICATE NO.			
																SIGNATURE				YEAR			
																PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				MO.			
																				DAY			
																TYPED OR PRINTED NAME				TELEPHONE			
																SIGNATURE				YEAR			
																W.T. BLENCOWE				MO.			
																				DAY			
																				07			
																				10			
																				9			

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

IAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

ACILITY
LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			002		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	09	01	TO	07	09
			30		

FROM

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.132	0.202	MGD	*****	*****	*****		Ø	CONT	MEAS
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	MEAS
002 PH	REPORTD	*****	*****		7.8	*****	8.2	SU	Ø	2D/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	4.6	7.9	KG/D	*****	*****	*****		Ø	2/M	24HC
	REQRMNT	470	840	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD	8.1	14.6	KG/D	*****	*****	*****		Ø	2/M	24HC
	REQRMNT	160	410	KG/D	*****	*****	*****			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*****	*****		*****	1200	*****	N/CML	Ø	1/W	GRAB
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	0.5	*****	KG/D	*****	2.0	*****	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
019 AMMONIA, AS N	REPORTD	*****	*****		*****	9.0	16.9	MG/L	Ø	2/M	24HC
	REQRMNT	*****	*****		*****	38	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	24.8	27.7	C	Ø	2D/W	IS
	REQRMNT	*****	*****		*****	NL	NL	C		2D/W	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES		TOTAL FLOW(M.G.)		TOTAL BOD5(K.G.)		OPERATOR IN RESPONSIBLE CHARGE			DATE		
None				Ø		Ø		Ø		Stanley Joe Bonds III TYPED OR PRINTED NAME SIGNATURE 1911000976 CERTIFICATE NO.			07 10 9 YEAR MO. DAY		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)										PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE 804.453.4211			YEAR MO. DAY 07 10 9		
										TYPED OR PRINTED NAME W.T. BLENCOWE SIGNATURE W.T. Blencowe					

REMITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
CILITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			002			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	09	01	TO	07	09	30

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
140 ENTEROCOCCI	REPORTD	*****	*****		*****	2420	*****	N/CML	Ø	1/W	GRAB
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	14	TU-A		1/3M	24HC
500 OIL & GREASE	REPORTD	1.3	2.1	KG/D	*****	*****	*****		Ø	2/M	GRAB
	REQRMNT	25	46	KG/D	*****	*****	*****			2/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BY-PASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE					
None				Ø	Ø	Ø	STANLEY LEE BOWLING	STANLEY LEE BOWLING	1911000976	07	10	9		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE	CERTIFICATE NO.		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE					
							TYPED OR PRINTED NAME		SIGNATURE			YEAR	MO.	DAY
							W. T. BLANDOWE		W. T. Blandowe	804-453-4211		07	10	9

PERMITTEE NAME/ADDRESS(INCLUDE
CITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

ACTIVITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			003			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	09	01	TO	07	09	30

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS.	MINIMUM	AVERAGE	MAXIMUM				
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				*****	*****	*****				
	REQRMNT	4300	7700	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD				*****	*****	*****				
	REQRMNT	110	280	KG/D	*****	*****	*****			2/M	24HC
007 DO	REPORTD	*****	*****				*****				
	REQRMNT	*****	*****		NL	NL	*****	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*****		*****		*****				
	REQRMNT	3.0	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	37	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	NL	C		1/DAY	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE														
None				0	0	0	Stephen Louis Boulton			1911000976														
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME			SIGNATURE			CERTIFICATE NO.			YEAR			MO.			DAY		
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE														
							TYPED OR PRINTED NAME			SIGNATURE						YEAR			MO.			DAY		
							W.T. Blenow			W.T. Blenow						07			10			9		

MITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539

CILITY
LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			003			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	09	01	TO	07	09	30

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

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BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*****	*****	*****				
	REQRMNT	430	780	KG/D	*****	*****	*****			2/M	GRAB
	REPORTD										
	REQRMNT										
	REPORTD										
	REQRMNT										
	REPORTD										
	REQRMNT										
	REPORTD										
	REQRMNT										
	REPORTD										
	REQRMNT										
	REPORTD										
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None				0	0	0	Shirley Lee Bowles	Shirley Lee Bowles	1911000976	07	10	9			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
							TYPED OR PRINTED NAME		SIGNATURE				YEAR	MO.	DAY
							W.T. BLENCOWE		W.T. Blencowe				07	10	9

MITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539

CILITY 610 Menhaden Rd
CATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
07 09 01	07 09 30

FROM

Industrial Major 00122001

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	3.129	4.212	MGD	*****	*****	*****		0	CONT	EST
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		7.6	*****	8.1	SU	0	5D/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	31.0	32.6	C	0	1/Day	IS
	REQRMNT	*****	*****		*****	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	2.27	2.27	UG/L	0	1/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	GRAB
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

				OPERATOR IN RESPONSIBLE CHARGE			DATE		
BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	TYPED OR PRINTED NAME	SIGNATURE	1911000976	07	10	9
	None	0	0				YEAR	MO.	DAY
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
						804-453-4211			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
				W.T. BLENDOWE	W.T. Blendowe		07	10	9



OMEGA
PROTEIN™

DMR REPORTING

Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	4-Oct-07	8:20	24.4	7.85	0.38	15.9
002	4-Oct-07	8:10	23.9	7.81	0.21	15.9
995	4-Oct-07	8:25	24.8	7.73	0.382	16.0

VA0003867
Part I B 4

4/29/2010

DMR Cockrell Creek October 2007.xls

Page 1 of 1

Chesapeake Bay Water Quality Monitoring Data

Predischage								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25	1530	<2	9.0	0.120	24.5	8.2	15.9	1550	5.6	8.76	0.417	24.5	8.31	16.3
26														
27														
28														
29														
30														
31														

Name of Vessel Tangier Island

Name of Sampler Andy Hall

Chesapeake Bay Water Quality Monitoring Data

Predischage								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25	1645	<2	9.16	0.244	24.6	8.28	15.9	1715	4.9	8.72	0.259	24.2	8.36	16.3
26														
27														
28														
29														
30														
31														

Name of Vessel John S. Dempster

Name of Sampler Andy Hall

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 9/3/07 To 9/9/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Ted Schultz 10/9/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 9/10/07 To 9/16/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Stacy Lee Boulton 10/9/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 9/17/07 To 9/23/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Ted Schultz III 10/9/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 4/24/07 To 9/30/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Steve Lee Schultz 10/9/07
Signature of Principal Officer or Authorized Agent / Date

MITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175.
Reedville VA 22539
CILITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01		07	10	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	2.916	4.254	MGD	*****	*****	*****		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		7.6	*****	8.1	SU	Ø	3D/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	293.4	804.4	KG/D	*****	*****	*****		Ø	3D/W	24HC
	REQRMNT	1700	3100	KG/D	*****	*****	*****			3D/W	24HC
004 TSS	REPORTD	228.2	498.2	KG/D	*****	*****	*****		Ø	3D/W	24HC
	REQRMNT	650	1600	KG/D	*****	*****	*****			3D/W	24HC
005 CL2, TOTAL	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	1.50	*****	KG/D	*****	0.18	*****	MG/L	Ø	1/W	24HC
	REQRMNT	23	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	< QL	< QL	UG/L	Ø	2/M	GRAB
	REQRMNT	*****	*****		*****	96	110	UG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTD	*****	*****		*****	6.70	10.6	MG/L	Ø	2/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE														
None				Ø	Ø	Ø	Sterling Lee Boulton			1911000976														
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME			SIGNATURE			CERTIFICATE NO.			YEAR			MO.			DAY		
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE														
							TYPED OR PRINTED NAME			SIGNATURE						YEAR			MO.			DAY		
							W.T. BLENDOWE			[Signature]			804-453-4211			2007			11			07		

MITTEE NAME/ADDRESS (INCLUDE
CITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

CITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	10	01	TO	07	10	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	38.3	C	Ø	1/DAY	IS
	REQRMNT	*****	*****		*****	*****	50	C		1/DAY	IS
500 OIL & GREASE	REPORTD	58.2	80.5	MG/D	*****	*****	*****		Ø	3D/W	GRAB
	REQRMNT	370	680	KG/D	*****	*****	*****			3D/W	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
None				Ø	Ø	Ø	STEALING Lee Bowles III	STEALING Lee Bowles III	1911000976	07	11	8
							TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
										804-453-4211		
							TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
							W.T. BLENCOWE	W.T. Blencowe		2007	11	07

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 18 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867			002		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	10	01	TO	07	10

Industrial Major 08/22/2007
DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.122	0.246	MG-D	*****	*****	*****		0	CONT	MEAS
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	MEAS
002 PH	REPORTD	*****	*****		7.6	*****	8.5	SU	0	2D/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	2.7	4.5	KG/D	*****	*****	*****		0	2/M	24HC
	REQRMNT	470	840	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD	6.5	10.8	KG/D	*****	*****	*****		0	2/M	24HC
	REQRMNT	160	410	KG/D	*****	*****	*****			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*****	*****		*****	323	*****	N/CML	0	1/W	GRAB
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	0.6	*****	KG/D	*****	2.3	*****	MG/L	0	1/W	24HC
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*****	*****		*****	1.6	2.2	MG/L	0	2/M	24HC
	REQRMNT	*****	*****		*****	38	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	21.8	25.8	C	0	2D/W	IS
	REQRMNT	*****	*****		*****	NL	NL	C		2D/W	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES				TOTAL FLOW(M.G.)				TOTAL BOD5(K.G.)				OPERATOR IN RESPONSIBLE CHARGE				DATE			
None				0				0				0				TYPED OR PRINTED NAME <i>Stacy Lee Bowles III</i> SIGNATURE <i>Stacy Lee Bowles III</i>				CERTIFICATE NO. 1911000976 YEAR 07 MO 11 DAY 8			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)												PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TYPED OR PRINTED NAME <i>W. Blencowe</i> SIGNATURE <i>W. Blencowe</i>				TELEPHONE 804-453-4211 YEAR 2007 MO 11 DAY 07							

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			002			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	10	01	TO	07	10	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
140 ENTEROCOCCI	REPORTD	*****	*****		*****	496	*****	N/CML	Ø	1/W	GRAB
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	14	TU-A		1/3M	24HC
500 OIL & GREASE	REPORTD	1.8	2.7	KG/D	*****	*****	*****		Ø	2/M	GRAB
	REQRMNT	25	46	KG/D	*****	*****	*****			2/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL FLOW(M.G.)				TOTAL BOD5(K.G.)				OPERATOR IN RESPONSIBLE CHARGE				DATE											
None				Ø				Ø				Stacy Lee Boulton				07 11 8											
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)												TYPED OR PRINTED NAME				SIGNATURE											
												Stacy Lee Boulton				1911000976											
												PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE											
																804.453.4211											
												TYPED OR PRINTED NAME				SIGNATURE											
												W.T. Blencowicz				2007 11 07											

PERMITTEE NAME/ADDRESS (INCLUDE
CITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867			003		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	10	01	07	10	01

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS.	MINIMUM	AVERAGE	MAXIMUM				
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				*****	*****	*****				
	REQRMNT	4300	7700	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD				*****	*****	*****				
	REQRMNT	110	280	KG/D	*****	*****	*****			2/M	24HC
007 DO	REPORTD	*****	*****								
	REQRMNT	*****	*****		NL	NL	*****	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	3.0	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	37	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	C		1/DAY	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES		TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
None				0		0	0	Stirling Lee Boulton			1911000976		
								TYPED OR PRINTED NAME			SIGNATURE		
								PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
											804-453-4211		
								TYPED OR PRINTED NAME			SIGNATURE		
								W.T. Blewett			2007 11 07		

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

MITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539

CILITY 610 Menhaden Rd
CATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			003			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	10	01	TO	07	10	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
142 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*****	*****	*****				
	REQRMNT	430	780	KG/D	*****	*****	*****			2/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE				
None				0	0	0	STEVEN LEE BONDSTON	Signature	1911000976	07	11	8	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE				
									804.453.4211				
							TYPED OR PRINTED NAME		SIGNATURE	YEAR			
							W.T. Blencowe		Signature	2007 11 07			

MITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539

CILITY 610 Menhaden Rd
CATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	995				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	10	01	07	10	31

FROM

Industrial Major 001212001

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
01 FLOW	REPORTD	2.887	4.212	MGD	*****	*****	*****		0	CONT	EST
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
02 PH	REPORTD	*****	*****		7.5	*****	8.0	SU	0	50/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		5D/W	GRAB
09 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	48	48	UG/L	0	1/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
08 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	28.2	31.8	C	0	1/DAY	IS
	REQRMNT	*****	*****		*****	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	< QL	< QL	UG/L	0	1/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	72	72	UG/L	0	1/M	GRAB
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

				OPERATOR IN RESPONSIBLE CHARGE		DATE			
BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	Stirling Lee Boulton-Stacy, Jr. Boulton		1911000976	07	11	8
None				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
[CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
						804-453-4211			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
				W.T. Blencowe	W.T. Blencowe		2007	11	07



OMEGA
PROTEIN™

DMR REPORTING

Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
-----------------------	------	------	-----------	---------	-------------------	----------------

001	6-Sep-07	9:55	28.8	8.05	0.377	14.7
-----	----------	------	------	------	-------	------

002	6-Sep-07	9:45	28.6	8.14	0.155	14.7
-----	----------	------	------	------	-------	------

995	6-Sep-07	10:00	28.9	7.92	0.476	14.7
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VA0003867
Part I B 4

DMR Cockrell Creek September 2007

10/3/2007

Page 1 of 1

Chesapeake Bay Water Quality Monitoring Data

PredischARGE								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
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19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30	1715	<2	9.01	0.164	18.6	8.20	15.7	1735	3.3	9.09	0.422	19.1	8.02	15.8
31														

Name of Vessel Lancaster

Name of Sampler Andy Hall

Chesapeake Bay Water Quality Monitoring Data

PredischARGE								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
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19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30	1725	<2	9.00	0.363	18.6	8.22	15.6	1800	<2	9.04	0.442	18.8	8.08	15.8
31														

Name of Vessel Smuggler's Point

Name of Sampler Andy Hall

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/1/07 To 10/2/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Sally Lee Bratz 11/8/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/8/07 To 10/14/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Steve Lee Bales 11/8/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/15/07 To 10/21/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE

Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Stacy Lee Bonk 11/8/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/22/07 To 10/31/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).

Stacy L. Boulton 11/2/07
Signature of Principal Officer or Authorized Agent / Date

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175,
Reedville VA 22539

ACILITY 610 Menhaden Rd
OCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

FROM

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	2.013	4.254	MGD	*****	*****	*****		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		7.29	*****	8.30	SU	Ø	3D/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	126.9	343.0	KG/D	*****	*****	*****		Ø	3D/W	24HC
	REQRMNT	1700	3100	KG/D	*****	*****	*****			3D/W	24HC
004 TSS	REPORTD	196.2	768.1	KG/D	*****	*****	*****		Ø	3D/W	24HC
	REQRMNT	650	1600	KG/D	*****	*****	*****			3D/W	24HC
005 CL2, TOTAL	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	8.47	*****	KG/D	*****	0.59	*****	MG/L	Ø	1/W	24HC
	REQRMNT	23	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	15	30	UG/L	Ø	2/M	GRAB
	REQRMNT	*****	*****		*****	96	110	UG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTD	*****	*****		*****	7.86	13.7	MG/L	Ø	2/M	
	REQRMNT	*****	*****		*****	NL	NL	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES				TOTAL FLOW(M.G.)				TOTAL BOD5(K.G.)				OPERATOR IN RESPONSIBLE CHARGE			DATE		
None				Ø				Ø				Ø				Theodore Schultz			07 12 05		
																TYPED OR PRINTED NAME			YEAR		
																SIGNATURE			MO.		
																PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			DAY		

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY 610 Menhaden Rd
OCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	11	01	TO	07	11
			30		

FROM

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	30.9	C	0	1/D	IS
	REQRMNT	*****	*****		*****	*****	50	C		1/DAY	IS
500 OIL & GREASE	REPORTD	77.2	366	KG/D	*****	*****	*****		0	3D/W	G-RAB
	REQRMNT	370	680	KG/D	*****	*****	*****			3D/W	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
None	0	0	0	Theodore Schultz	Theodore Schultz	1911004868	07	12	05
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		SIGNATURE		TELEPHONE	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				804-453-4211	
				TYPED OR PRINTED NAME		SIGNATURE		YEAR MO. DAY	
				Robert V LaBruzzi		Robert V LaBruzzi		2007 12 07	

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY 610 Menhaden Rd
OCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			002		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	11	01	07	11	30

FROM

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.118	0.205	MG-D	*****	*****	*****		Ø	CONT	MEAS
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	MEAS
002 PH	REPORTD	*****	*****		7.68	*****	8.66	SU	Ø	2D/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	10.3	14.3	KG/D	*****	*****	*****		Ø	2/M	24HC
	REQRMNT	470	840	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD	17.7	23.9	KG/D	*****	*****	*****		Ø	2/M	24HC
	REQRMNT	160	410	KG/D	*****	*****	*****			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*****	*****		*****	616	*****	N/CML	Ø	1/W	GRAB
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	0.80	*****	KG/D	*****	1.67	*****	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
019 AMMONIA, AS N	REPORTD	*****	*****		*****	0.90	0.90	MG/L	Ø	2/M	24HC
	REQRMNT	*****	*****		*****	38	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	13.8	17.0	C	Ø	2D/W	IS
	REQRMNT	*****	*****		*****	NL	NL	C		2D/W	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL FLOW(M.G.)				TOTAL BOD5(K.G.)				OPERATOR IN RESPONSIBLE CHARGE				DATE		
None				Ø				Ø				Theodore Schultz Theodore Schultz				1911004868		
TYPED OR PRINTED NAME				SIGNATURE				CERTIFICATE NO.				YEAR			MO.			
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE														
				804-453-4211														
TYPED OR PRINTED NAME				SIGNATURE								YEAR			MO.			
Robert V LaBruzzo				Robert V LaBruzzo								2007			12			
															DAY			
															07			

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539

ACILITY
OCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			002			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

FROM

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
140 ENTEROCOCCI	REPORTD	*****	*****		*****	229	*****	N/CML	Ø	1/W	GRAB
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*****	*****		*****	*****	<1.0	TU-A	Ø	1/3M	24HC
	REQRMNT	*****	*****		*****	*****	14	TU-A		1/3M	24HC
500 OIL & GREASE	REPORTD	2.98	3.88	MG/D	*****	*****	*****		Ø	2/M	GRAB
	REQRMNT	25	46	KG/D	*****	*****	*****			2/M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

				OPERATOR IN RESPONSIBLE CHARGE			DATE		
BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	Theodore Schultz	Theodore Schultz	1911004868	07	12	05
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
							804-453-4211		
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
				Robert V LaBruzzo	Robert V LaBruzzo		2007	12	07

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867			003			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	11	01	TO	07	11	30

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS.	MINIMUM	AVERAGE	MAXIMUM				
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				*****	*****	*****				
	REQRMNT	4300	7700	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD				*****	*****	*****				
	REQRMNT	110	280	KG/D	*****	*****	*****			2/M	24HC
007 DO	REPORTD	*****	*****								
	REQRMNT	*****	*****		NL	NL	*****	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD				*****						
	REQRMNT	3.0	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	37	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	C		1/DAY	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE			
NONE							Theodore Schultz	Theodore A. Schultz	1911004868	07	12	05
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		TELEPHONE	
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				804-453-4211	
							TYPED OR PRINTED NAME		SIGNATURE		YEAR MO. DAY	
							Robert V. LaBruzzo		Robert V. LaBruzzo		2007 12 07	

MITTEE NAME/ADDRESS(INCLUDE
ILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539

ILITY
CATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			003			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	11	01	TO	07	11	30

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
42 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****					
	REQRMNT	*****	*****		*****	NL	NL		1/M	GRAB
500 OIL & GREASE	REPORTD				*****	*****	*****			
	REQRMNT	430	780	KG/D	*****	*****	*****		2/M	GRAB
	REPORTD								*****	
	REQRMNT									
	REPORTD								*****	
	REQRMNT									
	REPORTD								*****	
	REQRMNT									
	REPORTD								*****	
	REQRMNT									
	REPORTD								*****	
	REQRMNT									
	REPORTD								*****	
	REQRMNT									

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES None	TOTAL FLOW(M.G.) 0	TOTAL BOD5(K.G.) 0	OPERATOR IN RESPONSIBLE CHARGE			DATE								
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							Theodore Schultz		Theodore Schultz		1911004868		07	12	05			
							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR		MO.		DAY	
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE									
							Robert V LaBruzzo		Robert V LaBruzzo		804-453-4211		2007	12	7			
							TYPED OR PRINTED NAME		SIGNATURE				YEAR		MO.		DAY	

MITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539

CILITY
CATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			995			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Industrial Major

00/22/2001

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	1.993	4.212	MGD	*****	*****	*****		0	CONT	EST
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		7.96	*****	8.29	SU	0	5D/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	47	47	UG/L	0	1/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	20.0	25.5	C	0	1/DAY	IS
	REQRMNT	*****	*****		*****	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	1.79	1.79	UG/L	0	1/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	81	81	UG/L	0	1/M	GRAB
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE					
None				0	0	0	Theodore Schultz	Theodore Schultz	191100486807	12	05			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.	YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE					
							TYPED OR PRINTED NAME		SIGNATURE					
							Robert V LaBruzzo		Robert V LaBruzzo		2007	12	07	



Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	5-Nov-07	11:40	17.4	8.06	0.50	14.8
002	5-Nov-07	11:15	17.8	8.29	0.45	14.6
995	5-Nov-07	11:35	17.5	8.11	0.55	14.6

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 11/1/07 To 11/4/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
<u> </u>	<u>✓</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert Lafreniere / General Manager / 12/07/2007
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 11/5/07 To 11/11/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

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W. LaBuzza / General Manager / 12/07/2007
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 11/12/07 To 11/18/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

R. LaBuzza / General Manager / 12/07/2007
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 11/26/07 To 11/30/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Rita Bruggs / General Manager / 12/07/2007
Signature of Principal Officer or Authorized Agent / Date

MITTEE NAME/ADDRESS(INCLUDE
LITY NAME/LOCATION IF DIFFERENT)

E Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539
ILITY 610 Menhaden Rd
ATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
07 12 01	07 12 31

FROM

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
1 FLOW	REPORTD	1.610	3.456	MGD	*****	*****	*****		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
12 PH	REPORTD	*****	*****		7.81	*****	8.47	SU	Ø	3D/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		3D/W	GRAB
13 BOD5	REPORTD	259.0	510.2	KG/D	*****	*****	*****		Ø	3D/W	24HC
	REQRMNT	1700	3100	KG/D	*****	*****	*****			3D/W	24HC
14 TSS	REPORTD	103.0	189.7	KG/D	*****	*****	*****		Ø	3D/W	24HC
	REQRMNT	650	1600	KG/D	*****	*****	*****			3D/W	24HC
15 CL2, TOTAL	REPORTD	*****	*****		*****	NIR	NIR				
	REQRMNT	*****	*****		*****	580	1200	UG/L		1/DAY	GRAB
12 PHOSPHORUS, TOTAL (AS 'P')	REPORTD	5.52	*****	KG/D	*****	0.44	*****	MG/L	Ø	1/W	24HC
	REQRMNT	23	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
118 CYANIDE, TOTAL (AS 'N')	REPORTD	*****	*****		*****	<QL	<QL	UG/L	Ø	2/M	GRAB
	REQRMNT	*****	*****		*****	96	110	UG/L		2/M	GRAB
139 AMMONIA, AS N	REPORTD	*****	*****		*****	0.14	0.14	MG/L	Ø	2/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE					
	None	Ø	Ø	Theodore Schultz <i>Theodore Schultz</i>			1911004868	08	01	07		
CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 19 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME			SIGNATURE			CERTIFICATE NO.		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE			YEAR MO DAY		
							804-453-4211					
				TYPED OR PRINTED NAME			SIGNATURE			YEAR MO DAY		
				Robert V La Bruzzo			<i>Robert V La Bruzzo</i>			08 01 07		

MITTEE NAME/ADDRESS (INCLUDE
CITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
CITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	12	01	TO	07	12

FROM

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
380 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	28.4	C	0	1/Day	IS
	REQRMNT	*****	*****		*****	*****	50	C		1/DAY	IS
500 OIL & GREASE	REPORTD	38.6	65.4	KG/D	*****	*****	*****		0	3D/W	GRAB
	REQRMNT	370	680	KG/D	*****	*****	*****			3D/W	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
	None	0	0	Theodore Schultz	Theodore Schultz	1911004868	08	01	07
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)									
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
				Robert V LaBuzza	Robert V LaBuzza		08	01	07

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Readville
ADDRESS PO Box 175
Readville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867		002	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	YEAR
07	12	01	07
FROM		TO	
07		12	
01		31	

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.148	0.201	MGD	*****	*****	*****		0	CONT	MEAS
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	MEAS
002 PH	REPORTD	*****	*****		8.25	*****	8.42	SU	0	2D/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	12.7	15.9	KG/D	*****	*****	*****		0	2/M	24HC
	REQRMNT	470	840	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD	16.5	22.3	KG/D	*****	*****	*****		0	2/M	24HC
	REQRMNT	160	410	KG/D	*****	*****	*****			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*****	*****		*****	100	*****	N/CML	0	1/W	GRAB
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	0.70	*****	KG/D	*****	0.95	*****	MG/L	0	1/W	24HC
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*****	*****		*****	2.60	4.93	MG/L	0	2/M	24HC
	REQRMNT	*****	*****		*****	38	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	8.7	11.3	C	0	2D/W	IS
	REQRMNT	*****	*****		*****	NL	NL	C		2D/W	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES		TOTAL FLOW(M.G.)		TOTAL BOD5(K.G.)		OPERATOR IN RESPONSIBLE CHARGE			DATE		
None				0		0		0		Theodore Schultz			1911004868		
										TYPED OR PRINTED NAME			SIGNATURE		
										PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
													804-453-4211		
										TYPED OR PRINTED NAME			SIGNATURE		
										Robert V LaBrazzo			Robert V LaBrazzo		
													YEAR		
													MO.		
													DAY		
													08		
													01		
													07		

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867			002			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	12	01	TO	07	12	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
140 ENTEROCOCCI	REPORTD	*****	*****		*****	119	*****	N/CML	0	1/W	GRAB
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	14	TU-A		1/3M	24HC
500 OIL & GREASE	REPORTD	3.69	3.80	KG/D	*****	*****	*****		0	2/M	GRAB
	REQRMNT	25	46	KG/D	*****	*****	*****			2/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE			
None				0	0	0	Theodore Schultz	1911004868	08	01	07	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		TELEPHONE	
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		804-453-4211			
							TYPED OR PRINTED NAME		SIGNATURE		YEAR MO. DAY	
							Robert V LaBruzzo		Robert V LaBruzzo		08 01 07	

ERMITTEE NAME/ADDRESS(INCLUDE
ACTIVITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
ACTIVITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
07 12 01	TO 07 12 31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS.	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				*****	*****	*****				
	REQRMNT	4300	7700	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD				*****	*****	*****				
	REQRMNT	110	280	KG/D	*****	*****	*****			2/M	24HC
007 DO	REPORTD	*****	*****				*****				
	REQRMNT	*****	*****		NL	NL	*****	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD				*****		*****				
	REQRMNT	3.0		KG/D	*****	2.0	*****	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	37	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	C		1/DAY	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES				TOTAL FLOW(M.G.)				TOTAL BOD5(K.G.)				OPERATOR IN RESPONSIBLE CHARGE				DATE			
None				0				0				0				Theodore Schultz				08 01 07			
																TYPED OR PRINTED NAME				SIGNATURE			
																Theodore Schultz				1911004868			
																PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE			
																				804-453-4211			
																TYPED OR PRINTED NAME				SIGNATURE			
																Robert V La Bruzze				Robert V La Bruzze			
																				YEAR MO DAY			
																				08 01 07			

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MITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539

CILITY 610 Menhaden Rd
CATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			003			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	12	01	TO	07	12	31

Industrial Major 08/22/2007

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
142 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*****	*****	*****				
	REQRMNT	430	780	KG/D	*****	*****	*****			2/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None				0	0	0	Theodore Schultz	Theodore Schultz	1911004868	08	01	07			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
							TYPED OR PRINTED NAME		SIGNATURE		804-453-4211		YEAR	MO.	DAY
							Robert V LaBruzze		Robert V LaBruzze				08	01	07

MITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539

CILITY 610 Menhaden Rd
CATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			995		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	12	01	07	12	31

FROM

Industrial Major

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
101 FLOW	REPORTD	3.422	3.422	MGD	*****	*****	*****		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
102 PH	REPORTD	*****	*****		8.30	*****	8.30	SU	Ø	5D/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	55	55	UG/L	Ø	1/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	17.9	17.9	C	Ø	1/DAY	IS
	REQRMNT	*****	*****		*****	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	18.7	18.7	UG/L	Ø	1/M	24HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	<QL	<QL	UG/L	Ø	1/M	GRAB
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS			TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None			Ø	Ø	Ø	Theodore Schultz	Theodore Schultz	191100486P	08	01	07			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
						PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
								804.453.4211						
						TYPED OR PRINTED NAME		SIGNATURE		YEAR		MO.	DAY	
						Robert V LaBrazzo		Robert V LaBrazzo		08		01	07	



OMEGA
PROTEIN™

DMR REPORTING

Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	6-Dec-07	7:50	9.6	8.42	<.10	15.1
002	6-Dec-07	7:45	6.8	8.54	0.13	15.1
995	6-Dec-07	7:55	7.2	8.49	0.82	15.4

VA0003867
Part I B 4

4/29/2010

DMR Cockrell Creek - December 2007.xls

Page 1 of 1

Chesapeake Bay Water Quality Monitoring Data

Predischarge								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5	1400	4.6	8.84	<.10	7.3	8.24	17	1430	2.8	9.76	0.263	7.2	8.38	16.8
6														
7														
8														
9														
10														
11														
12														
13														
14														
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25														
26														
27														
28														
29														
30														
31														

Name of Vessel John S. Dempster

Name of Sampler Andy Hall

Chesapeake Bay Water Quality Monitoring Data

PredischARGE								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5	1410	<2	8.8	0.204	7.38	8.4	16.5	1500	2.5	9.8	<.10	7.40	8.40	16.7
6														
7														
8														
9														
10														
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31														

Name of Vessel Reedville

Name of Sampler Andy Hall

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 12/01/07 To 12/09/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Regulatory Compliance Coord.
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaBuzza Jan 7 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 12/10/07 To 12/16/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Regulatory Compliance Coord.
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaBrynn Jan 7 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 12/17/07 To 12/23/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Regulatory Compliance Coord.
Name of Principal Exec. Officer or Authorized Agent / Title

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Robert W. Bruggo Jan 7, 2008
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
08 01 01	TO 08 01 31

Industrial Major 08/22/2007
DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

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BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		6.0	*****	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD				*****	*****	*****				
	REQRMNT	1700	3100	KG/D	*****	*****	*****			3D/W	24HC
004 TSS	REPORTD				*****	*****	*****				
	REQRMNT	650	1600	KG/D	*****	*****	*****			3D/W	24HC
005 CL2, TOTAL	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	23	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	96	110	UG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	NL	NL	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES			TOTAL FLOW(M.G.)			TOTAL BOD5(K.G.)			OPERATOR IN RESPONSIBLE CHARGE			DATE		
None				0			0			0			Theodore Schultz			08 01 31		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME			SIGNATURE			CERTIFICATE NO.			1911004868			YEAR MO DAY		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE			804-453-4211			08 02 03			YEAR MO DAY		
				TYPED OR PRINTED NAME			SIGNATURE											

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

IAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
ACILITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	001				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	01	01	08	01	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****				1/DAY	IS
	REQRMNT	*****	*****		*****	*****	50	C			
500 OIL & GREASE	REPORTD				*****	*****	*****			3D/W	GRAB
	REQRMNT	370	680	KG/D	*****	*****	*****				
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

OPERATOR IN RESPONSIBLE CHARGE				DATE		
BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	1911004868		
None	0	0	0	CERTIFICATE NO.	08	01 31
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, SEE 18 INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				YEAR	MO. DAY	
Theodore Schultz				804-453-4211		
TYPED OR PRINTED NAME				SIGNATURE		
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE		
Robert V LaBuzza				08 02 04		
TYPED OR PRINTED NAME				SIGNATURE		

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Readville
ADDRESS PO Box 175
Readville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			002		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	01	01	08	01	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	MEAS
002 PH	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	*****	*****				
003 BOD5	REPORTD				*****	*****	*****				
	REQRMNT	470	840	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD				*****	*****	*****				
	REQRMNT	160	410	KG/D	*****	*****	*****			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD				*****	*****	*****				
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	38	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	NL	NL	C		2D/W	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES		TOTAL FLOW(M.G.)		TOTAL BOD5(K.G.)		OPERATOR IN RESPONSIBLE CHARGE			DATE		
None				0		0		0		Theodore Schultz Theodore Schultz			1911004868		
										TYPED OR PRINTED NAME			SIGNATURE		
										PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
										Robert U LaBrea			Robert U LaBrea		
										TYPED OR PRINTED NAME			SIGNATURE		
													204-453-4211		
													08 01 31		
													08 02 04		

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867			002			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	01		08	01	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
140 ENTEROCOCCI	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****		14	TU-A		1/3M	24HC
500 OIL & GREASE	REPORTD										
	REQRMNT	25	46	KG/D	*****		*****			2/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES				TOTAL FLOW (M.G.)				TOTAL BOD5 (K.G.)				OPERATOR IN RESPONSIBLE CHARGE				DATE											
None				0				0				0				Theodore Schultz				1911004862				08 01 31							
																TYPED OR PRINTED NAME				SIGNATURE				CERTIFICATE NO.				YEAR MO DAY			
																PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE											
																Robert V LaBruzzo				Robert V LaBruzzo				804-453-4211				08 02 04			
																TYPED OR PRINTED NAME				SIGNATURE				YEAR MO DAY							

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 18 U.S.C. § 1343. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			003			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	01		08	01	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS.	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				*****	*****	*****				
	REQRMNT	4300	7700	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD				*****	*****	*****				
	REQRMNT	110	280	KG/D	*****	*****	*****			2/M	24HC
007 DO	REPORTD	*****	*****				*****				
	REQRMNT	*****	*****		NL	NL	*****	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD				*****		*****				
	REQRMNT	3.0	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	37	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	NL	C		1/DAY	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None				0	0	0	Theodore Scholtz	Theodore Scholtz	1911004868	08	01	31			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
							Robert V LaBuzza		Robert V LaBuzza		804-453-4211		08	02	04
							TYPED OR PRINTED NAME		SIGNATURE				YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			003			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
08	01	01	TO	08	01	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*****	*****	*****				
	REQRMNT	430	780	KG/D	*****	*****	*****			2/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None				0	0	0	Theodore Schultz	Theodore Schultz	1911004868	08	01	31			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
							Robert V LaBruso		Robert V LaBruso		804-453-4211		08	02	04
							TYPED OR PRINTED NAME		SIGNATURE				YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

JAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY
LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	995					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
08	01	01	TO	08	01	31

FROM

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES				TOTAL FLOW(M.G.)				TOTAL BOD5(K.G.)							
None				0				0				0							
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)												OPERATOR IN RESPONSIBLE CHARGE							
Theodore Schultz						Theodore Schultz						1911004868							
TYPED OR PRINTED NAME						SIGNATURE						CERTIFICATE NO.							
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT												TELEPHONE							
Robert V LaBruzze						Robert V LaBruzze						804.453.4211							
TYPED OR PRINTED NAME						SIGNATURE						YEAR							
												MO.							
												DAY							

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 01/07/08 To 01/13/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz - Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert La Bruzzo - General Manager 2/04/08
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 1/14/08 To 1/20/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz - Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaBryn - General Manager 2/04/08
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 1/21/08 To 1/27/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore A. Schultz - Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaFuzza General Manager 2/6/08
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 1/23/08 To 1/31/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz - Regulatory Compliance.
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaRocca - General Manager - 2/04/08
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175,
Reedville VA 22539
FACILITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
08 02 01	08 02 29

Industrial Major 08/22/2007
DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

FROM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		6.0	*****	*****	SU		3D/W	GRAB
003 BOD5	REPORTD				*****	*****	*****				
	REQRMNT	1700	3100	KG/D	*****	*****	*****			3D/W	24HC
004 TSS	REPORTD				*****	*****	*****				
	REQRMNT	650	1600	KG/D	*****	*****	*****			3D/W	24HC
005 CL2, TOTAL	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****		*****				
	REQRMNT	23	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	96	110	UG/L		2/M	GRAB
019 AMMONIA, AS N	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE					
	None	0	0	Theodore Schultz	Theodore Schultz	1911004868	08	03	03			
<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</p>				TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
				Robert V LaBuzza		Robert V LaBuzza		804-453-4211		08	03	05
				TYPED OR PRINTED NAME		SIGNATURE				YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY
LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867		001	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	TO
08	02	01	08 02 29

FROM

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	50	C		1/DAY	IS
500 OIL & GREASE	REPORTD				*****	*****	*****				
	REQRMNT	370	680	KG/D	*****	*****	*****			3D/W	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE				
None				0	0	0	Theodore Schultz	Theodore Schultz	1911004868	08	03	03	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE				
							Robert V. LaBruzzi		Robert V. LaBruzzi	804-453-4211	08	03	05
							TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			002		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	02	01	08	02	29

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	MEAS
002 PH	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD				*****	*****	*****				
	REQRMNT	470	840	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD				*****	*****	*****				
	REQRMNT	160	410	KG/D	*****	*****	*****			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD				*****	*****	*****				
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*****	*****		*****	38	45	MG/L		2/M	24HC
	REQRMNT	*****	*****		*****						
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	NL	NL	C		2D/W	IS
	REQRMNT	*****	*****		*****						

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE					
None				0	0	0	Theodore Schultz	Theodore Schultz	191100 4868	08	03	03			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
							Robert V LaBuzza		Robert V LaBuzza		804 453 4211		08	03	05
							TYPED OR PRINTED NAME		SIGNATURE						YEAR

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			002			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01		08	02	29

Industrial Major 08/22/2007
DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
140 ENTEROCOCCI	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	*****	*****	14 TU-A		1/3M	24HC
500 OIL & GREASE	REPORTD				*****	*****	*****				
	REQRMNT	25	46	KG/D	*****	*****	*****			2/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE			
	None	0	0	Theodore Schultz	Theodore Schultz	1911004868	08	03	03
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				Robert V LaBrazzo	Robert V LaBrazzo	804-453-4211	08	03	05
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	003				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	02	01	08	02	29

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS.	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				*****	*****	*****				
	REQRMNT	4300	7700	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD				*****	*****	*****				
	REQRMNT	110	280	KG/D	*****	*****	*****			2/M	24HC
007 DO	REPORTD	*****	*****								
	REQRMNT	*****	*****		NL	NL		MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD				*****						
	REQRMNT	3.0	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	37	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	C		1/DAY	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES				TOTAL FLOW(M.G.)				TOTAL BOD5(K.G.)											
None				0				0				0											
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)																							
OPERATOR IN RESPONSIBLE CHARGE												DATE											
Theodore Schultz						Theodore Schultz						1911004868		08									
TYPED OR PRINTED NAME						SIGNATURE						CERTIFICATE NO.		YEAR									
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT												TELEPHONE											
Robert LaBruzzo						Robert LaBruzzo						804-453-4211		08									
TYPED OR PRINTED NAME						SIGNATURE						YEAR		MO.									
														DAY									

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

IAME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			003			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
08	02	01	TO	08	02	29

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*****	*****	*****				
	REQRMNT	430	780	KG/D	*****	*****	*****			2/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None				0	0	0	Thodore Schultz	Thodore Schultz	1911004868	08	03	03			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
							Robert V LaBuzzo		Robert V LaBuzzo		804-453-4211		08	03	05
							TYPED OR PRINTED NAME		SIGNATURE						YEAR

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867		995	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	YEAR
08	02	01	08 02 29

FROM

Industrial Major

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		6.0	*****	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE			
None				0	0	0	Theodore Schultz	Theodore Schultz	1911004868	08	03	03
							TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
							Robert V LaBruzzi	Robert V LaBruzzi	804-453-4211	08	05	05
							TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 2/1/08 To 2/3/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert La Bruzzo - General Manager Mar 5, 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 2/4/08 To 2/10/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

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Robert LaBuzza General Manager Mar 5, 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 2/11/08 To 2/17/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor.
Name of Principal Exec. Officer or Authorized Agent / Title

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Robert V. Bruzgo General Manager Mar 5, 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 2/18/08 To 2/24/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaBruzzo / General Manager Mar 5 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 2/25/08 To 2/29/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaBuzza General Manager Mar 5 2008
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS(INCLUDE
CITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

ACTIVITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	001				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	03	01	08	03	31

FROM

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		6.0	*****	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD				*****	*****	*****				
	REQRMNT	1700	3100	KG/D	*****	*****	*****			3D/W	24HC
004 TSS	REPORTD				*****	*****	*****				
	REQRMNT	650	1600	KG/D	*****	*****	*****			3D/W	24HC
005 CL2, TOTAL	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****		*****				
	REQRMNT	23	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	96	110	UG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	NL	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES			TOTAL FLOW(M.G.)			TOTAL BOD5(K.G.)			OPERATOR IN RESPONSIBLE CHARGE			DATE		
None				0			0			0			Theodore Schultz			08 04 07		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME			SIGNATURE			CERTIFICATE NO.			191100 4868			YEAR MO DAY		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE			804-453-4211			08 04 07			YEAR MO DAY		
				TYPED OR PRINTED NAME			SIGNATURE						Robert LaBruzzo					

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539

ACILITY 610 Menhaden Rd
OCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	001				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	03	01	08	03	31

FROM

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****				1/DAY	IS
	REQRMNT	*****	*****		*****	*****	50	C			
500 OIL & GREASE	REPORTD				*****	*****	*****			3D/W	GRAB
	REQRMNT	370	680	KG/D	*****	*****	*****				
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES				TOTAL FLOW(M.G.)				TOTAL BOD5(K.G.)				OPERATOR IN RESPONSIBLE CHARGE				DATE			
None				0				0				0				Theodore Schultz				1911004868			
																TYPED OR PRINTED NAME				SIGNATURE			
																PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE			
																				804-453-4211			
																TYPED OR PRINTED NAME				SIGNATURE			
																Robert LaBruzzo				Robert LaBruzzo			
																				YEAR			
																				MO.			
																				DAY			
																				08			
																				04			
																				07			

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE
PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED
TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION
SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR
THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION
SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE.
I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION,
INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18
U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include
fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY
LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			002			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
08	03	01	TO	08	03	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY -
(REGIONAL OFFICE)

Piedmont Regional Office.
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	MEAS
002 PH	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD				*****	*****	*****				
	REQRMNT	470	840	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD				*****	*****	*****				
	REQRMNT	160	410	KG/D	*****	*****	*****			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****		*****				
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	38	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	C		2D/W	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None				0	0	0	Theodore Schultz	Theodore Schultz	1911004868	08	04	07			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE				
							TYPED OR PRINTED NAME		SIGNATURE				YEAR	MO.	DAY
							Robert LaBranza		Robert LaBranza						

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

IAME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			002			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01		08	03	31

Industrial Major 08/22/2007
DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
140 ENTEROCOCCI	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	*****	*****	TU-A		1/3M	24HC
500 OIL & GREASE	REPORTD				*****	*****	*****				
	REQRMNT	25	46	KG/D	*****	*****	*****			2/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None				0	0	0	Theodore Schultz	Theodore Schultz	1911004868	08	04	07			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
							TYPED OR PRINTED NAME		SIGNATURE		YEAR		MO.	DAY	
							Robert LaBruzzo		Robert LaBruzzo		08		04	07	

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
08 03 01	TO 08 03 31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		6.0	*****	6.0	SU		2/M	GRAB
003 BOD5	REPORTD				*****	*****	*****				
	REQRMNT	4300	7700	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD				*****	*****	*****				
	REQRMNT	110	280	KG/D	*****	*****	*****			2/M	24HC
007 DO	REPORTD	*****	*****				*****				
	REQRMNT	*****	*****		NL	NL	*****	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD				*****		*****				
	REQRMNT	3.0		KG/D	*****	2.0	*****	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	37	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	C		1/DAY	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES				TOTAL FLOW(M.G.)				TOTAL BOD5(K.G.)				OPERATOR IN RESPONSIBLE CHARGE				DATE		
None				0				0				0				Theodore Schultz Theodore Schultz				1911004868		
																TYPED OR PRINTED NAME SIGNATURE				CERTIFICATE NO.		
																PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE		
																				804.453.4211		
																TYPED OR PRINTED NAME SIGNATURE				YEAR MO DAY		
																Robert LaBruzzo Robert LaBruzzo				08 04 07		

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
ACILITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			003			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01		08	03	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*****	*****	*****				
	REQRMNT	430	780	KG/D	*****	*****	*****			2/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE					
None				0	0	0	Theodore Schultz	Theodore Schultz	1911004868	08	04	07			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE				
							TYPED OR PRINTED NAME		SIGNATURE				YEAR	MO.	DAY
							Robert LaBrazzo		Robert LaBrazzo				08	04	07

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY
LOCATION 610 Menhaden Rd

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

VA0003867			995			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01		08	03	3

FROM

[illegible]

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE					
None	0	0	0	Theodore Schultz	Theodore Schultz	1911004868	08	04	07		
<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</p>				TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE					
						804-453-4211					
				TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY	
				Robert LaBruzze		Robert LaBruzze		08	04	07	

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 3/1/08 To 3/9/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert V. LaSuzza / General Manager April 7, 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 3/10/08 To 3/14/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / TECHNICAL SUPERVISOR
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaRuzzo / General Manager April 7, 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 3/17/08 To 3/23/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaBuzza / General Manager April 7, 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 3/24/08 To 3/31/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore A Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaBuzza / General Manager April 7, 2008
Signature of Principal Officer or Authorized Agent / Date

MITTEE NAME/ADDRESS(INCLUDE
ILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539

ILITY
CATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867		001				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
08	04	01	TO	08	04	30

Industrial Major 08/22/2007
DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		6.0	*****	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD				*****	*****	*****			3D/W	24HC
	REQRMNT	1700	3100	KG/D	*****	*****	*****				
004 TSS	REPORTD				*****	*****	*****			3D/W	24HC
	REQRMNT	650	1600	KG/D	*****	*****	*****				
005 CL2, TOTAL	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****		*****				
	REQRMNT	23	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	96	110	UG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None				0	0		Theodore Schultz	Theodore Schultz	1911004868	08	05	05			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 10 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
							TYPED OR PRINTED NAME		SIGNATURE		804-453-4211		YEAR	MO.	DAY
							Robert V La Bruzzo		Robert V La Bruzzo				08	05	09

MITTEE NAME/ADDRESS (INCLUDE
CITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
CITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	04	01		08	04	30

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****				1/DAY	IS
	REQRMNT	*****	*****		*****	*****	*****				
500 OIL & GREASE	REPORTD				*****	*****	*****			3D/W	GRAB
	REQRMNT	370	680	KG/D	*****	*****	*****				
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None				0	0	0	Theodore Schultz	Theodore Schultz	1911004868	08	05	05			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
							TYPED OR PRINTED NAME		SIGNATURE		804-453-4211		08	05	09

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			002		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	04	01	08	04	30

FROM

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	MEAS
002 PH	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		6.0	*****	9.0	SD		2D/W	GRAB
003 BOD5	REPORTD				*****	*****	*****				
	REQRMNT	470	840	KG/D	*****	*****	*****			2/M	24HC
004 TSS	REPORTD				*****	*****	*****				
	REQRMNT	160	110	KG/D	*****	*****	*****			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD				*****		*****				
	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	38	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NL	NL	C		2D/W	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None				0	0	0	Theodore Schultz	Theodore Schultz	1911004868	08	05	05			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
							TYPED OR PRINTED NAME		SIGNATURE		804-453-4211		YEAR	MO.	DAY
							Robert V LaBuzza		Robert V LaBuzza				08	05	09

PERMITTEE NAME/ADDRESS (INCLUDE
CITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
CITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867		002				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
08	04	01	TO	08	04	30

Industrial Major 08/22/2007
DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
140 ENTEROCOCCI	REPORTD	*****	*****		*****		*****			1/W	GRAB
	REQRMNT	*****	*****		*****	NL	*****	N/CML			
379 TOXICITY, FINAL, ACUTE	REPORTD	*****	*****		*****	*****	*****	TU-A		1/3M	24HC
	REQRMNT	*****	*****		*****	*****	*****				
500 OIL & GREASE	REPORTD				*****	*****	*****			2/M	GRAB
	REQRMNT	25	46	KG/D	*****	*****	*****				
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS			TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE					
None			0	0	0	Theodore Schultz	Theodore Schultz	1911004868	08	05	05		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.	YEAR	MO.	DAY
						PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE					
						TYPED OR PRINTED NAME		SIGNATURE		804.453.4211	08	05	09
						Robert V LaBuzza		Robert V LaBuzza					

MITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
CILITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
08 04 01	08 04 30

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****		*****	*****	*****			2/M	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU			
003 BOD5	REPORTD				*****	*****	*****			2/M	24HC
	REQRMNT	4300	7700	KG/D	*****	*****	*****				
004 TSS	REPORTD				*****	*****	*****			2/M	24HC
	REQRMNT	110	250	KG/D	*****	*****	*****				
007 DO	REPORTD	*****	*****		NL	NL	*****	MG/L		1/DAY	GRAB
	REQRMNT	*****	*****		*****	*****	*****				
012 PHOSPHORUS, TOTAL (AS P)	REPORTD				*****	*****	*****	MG/L		1/W	24HC
	REQRMNT	3.0	*****	KG/D	*****	2.0	*****				
039 AMMONIA, AS N	REPORTD	*****	*****		*****	37	45	MG/L		2/M	24HC
	REQRMNT	*****	*****		*****						
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	NL	NL	C		1/DAY	IS
	REQRMNT	*****	*****		*****						

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES				TOTAL FLOW(M.G.)				TOTAL BOD5(K.G.)				OPERATOR IN RESPONSIBLE CHARGE				DATE			
None				0				0				0				Theodore Schultz Theodore Schultz				1911004868 08 05 05			
																TYPED OR PRINTED NAME SIGNATURE				CERTIFICATE NO. YEAR MO. DAY			
																PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE			
																TYPED OR PRINTED NAME SIGNATURE				804.453.4211 08 05 09			
																Robert V LaBruzz Robert V LaBruzz							

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

MITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
CILITY 610 Menhaden Rd
GATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867			003			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
08	04	01	TO	08	04	30

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****					1/M	GRAB
	REQRMNT	*****	*****		*****	NL	NL	UG/L			
500 OIL & GREASE	REPORTD				*****	*****	*****			2/M	GRAB
	REQRMNT	430	780	KG/D	*****	*****	*****				
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS			TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE						
None			0	0	0	Theodore Schultz	Theodore Schultz	1911004868	08	05	05			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
						PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
						TYPED OR PRINTED NAME		SIGNATURE		804.453.4211		YEAR	MO.	DAY
						Robert V. LeBrun		R. LeBrun				08	05	09

MITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

CILITY 610 Menhaden Rd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867		995				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
08	04	01	TO	08	04	30

INDUSTRIAL MAJOR

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST
002 PH	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		6.0	*****	9.0	SU		SD/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****	*****				
	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB
	REPORTD									*****	
	REQRMNT										
	REPORTD									*****	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS				TOTAL OCCURRENCES				TOTAL FLOW(M.G.)				TOTAL BOD5(K.G.)													
None				0				0				0													
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)																									
OPERATOR IN RESPONSIBLE CHARGE												DATE													
Theodore Schultz						Theodore Schultz						1911004868													
TYPED OR PRINTED NAME						SIGNATURE						CERTIFICATE NO.													
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT												TELEPHONE													
Robert V LaBuzze						Robert V LaBuzze						204.453.4211													
TYPED OR PRINTED NAME						SIGNATURE						YEAR													
												MO.													
												DAY													
												08													
												05													
												09													

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003857

Report Period: From 4/1/08 To 4/6/08

Paint Area

COMPLIANCE / NONCOMPLIANCE *
(check as appropriate)



*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert V. LaBrizzo General Manager May 9 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 4/7/08 To 4/13/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

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Robert V. Brown General Manager
Signature of Principal Officer or Authorized Agent /

May 9 2008
Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 4/14/08 To 4/29/08

Paint Area

COMPLIANCE / NONCOMPLIANCE *
(check as appropriate)

_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaBuzza General Manager May 9 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 4/21/08 To 4/27/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaBuzza General Manager May 9 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003857

Report Period: From 4/28/08 To 4/30/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert DeBruin General Manager May 9 2008
Signature of Principal Officer or Authorized Agent / Date

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

**DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)**

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION: 610 Menhaden Rd

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2008	05	01	2008	05	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	1.994	3.013	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		8.19	*****	8.19	SU	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			3D/W	GRAB	
BOD5	REPORTD	50.2	50.2	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****			3D/W	24HC	
TSS	REPORTD	119.8	119.8	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****			3D/W	24HC	
CL2, TOTAL	REPORTD	*****	*****		*****	NR	NR	UG/L				
PARAM CODE: 005	REQRMNT	*****	*****		*****	580	1200			1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	4.11	*****	KG/D	*****	.36	*****	MG/L	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	*****		*****	2.0	*****			1/W	24HC	
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****		*****	96	110			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
	0	0	0	Theodore Schultz		1911004868			
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 1

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2008	05	01		2008	05	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB. CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
AMMONIA, AS N	REPORTD	*****	*****		*****	.55	.55	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	NL			2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	20.0	C	0	1/D-D	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	*****	50			1/DAY	IS	
OIL & GREASE	REPORTD	114.1	114.1	KG/D	*****	*****	*****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680		*****	*****	*****			3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
	0	0	0	Theodore Schultz					
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THIS INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2008	05	01	2008	05	31

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD			MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	MEAS	
PH	REPORTD	*****	*****			*****	*****					
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0	SU		2D/W	GRAB	
BOD5	REPORTD			KG/D	*****	*****	*****					
PARAM CODE: 003	REQRMNT	470	840		*****	*****	*****			2/M	24HC	
TSS	REPORTD			KG/D	*****	*****	*****					
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****			2/M	24HC	
COLIFORM, FECAL	REPORTD	*****	*****		*****	NL	*****	N/CML		1/W	GRAB	
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****					
PHOSPHORUS, TOTAL (AS P)	REPORTD			KG/D	*****	NL	*****	MG/L		1/W	24HC	
PARAM CODE: 012	REQRMNT	NL	*****		*****	NL	*****					
AMMONIA, AS N	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45			2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE						
				Theodore Schultz		1911004868				
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER				
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211			
				TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY

Page 3

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

FACILITY LOCATION 610 Menhaden Rd

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	05	01	2008	05	31

FROM TO

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****			C				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			2D/W	IS	
ENTEROCOCCI	REPORTD	*****	*****		*****		*****	N/CML				
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
OIL & GREASE	REPORTD				*****	*****	*****					
PARAM CODE: 500	REQRMNT	25	46	KG/D	*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz			
				1911004868			
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR MO. DAY

Page 4

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville
PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	003				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	05	01	2008	05	31

FROM TO

FACILITY LOCATION 610 Menhaden Rd

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD			MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****	SU				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2/M	GRAB	
BOD5	REPORTD				*****	*****	*****					

PARAM CODE: 003	REQRMNT	4300	7700	KG/D	*****	*****	*****			2/M	24HC
TSS	REPORTD			KG/D	*****	*****	*****				
PARAM CODE: 004	REQRMNT	110	280		*****	*****	*****			2/M	24HC
DO	REPORTD	*****	*****				*****				
PARAM CODE: 007	REQRMNT	*****	*****		NL	NL	*****	MG/L		1/DAY	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD		*****		*****		*****				
PARAM CODE: 012	REQRMNT	3.0	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
AMMONIA, AS N	REPORTD	*****	*****		*****						
PARAM CODE: 039	REQRMNT	*****	*****		*****	37	45	MG/L		2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
				Theodore Schultz		1911004868		
	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>			TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211	
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

Page 5

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

VA0003867	003												
PERMIT NUMBER	DISCHARGE NUMBER												
MONITORING PERIOD													
<table border="1"> <tr><th>YEAR</th><th>MO</th><th>DAY</th></tr> <tr><td>2008</td><td>05</td><td>01</td></tr> </table>	YEAR	MO	DAY	2008	05	01	<table border="1"> <tr><th>YEAR</th><th>MO</th><th>DAY</th></tr> <tr><td>2008</td><td>05</td><td>31</td></tr> </table>	YEAR	MO	DAY	2008	05	31
YEAR	MO	DAY											
2008	05	01											
YEAR	MO	DAY											
2008	05	31											

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****							
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL	C		1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****							
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB	
OIL & GREASE	REPORTD				*****	*****	*****					
PARAM CODE: 500	REQRMNT	430	780	KG/D	*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE						
				Theodore Schultz		1911004868				
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER				
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211			
				TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY

Page 6

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY
LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	YEAR	MO	DAY
2008	05	01	2008	05	31

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD			MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****			*****						
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0	SU		5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****							
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****							
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45	C		1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****							
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****							
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE						
				Theodore Schultz		1911004868				
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER				
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211			
				TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY

IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TYPED OR PRINTED NAME

SIGNATURE

YEAR

MO.

DAY

Page 7

Chesapeake Bay Water Quality Monitoring Data

Date	PredischARGE							After Discharge						
	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)
1														
2														
3														
4														
5														
6														
7														
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22														
23														
24														
25														
26														
27														
28														
29	0730	19.6	9.34	0.10	19.70	8.02	11	0740	3.1	8.61	0.10	19.10	8.08	11
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)

Name of Vessel: Tideland

Name of Sample: Ted Schultz

Omega Protein, Inc.
VPDES Permit # VA0003867
Part I.B.3

Month of May, 2008

Chesapeake Bay Water Quality Monitoring Data

Name of Vessel: Tideland

Name of Sample: Ted Schultz

Tideland May 2008.xls

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 5/1/08 To 5/4/08

<u>Paint Area</u>	<u>COMPLIANCE</u> / <u>NONCOMPLIANCE</u> * (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert M. Guyno June 5, 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 5/5/08 To 5/11/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

R. La Buzon June 5, 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 5/12/08 To 5/18/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Rita Brown June 5 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 5/19/08 To 5/25/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Rutha Bragg June 5 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 5/26/02 To 5/31/02

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor.
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Rita Bruno June 5, 2002
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

FACILITY LOCATION: 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY	
2008	06	01	TO	2008	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	3.226	4.254	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		7.31	*****	8.24	SU	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			3D/W	GRAB	
BOD5	REPORTD	389.8	789.3	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****			3D/W	24HC	
TSS	REPORTD	141.6	215.8	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****			3D/W	24HC	
CL2, TOTAL	REPORTD	*****	*****		*****	NR	NR	UG/L		1/DAY	GRAB	
PARAM CODE: 005	REQRMNT	*****	*****		*****	580	1200					
PHOSPHORUS, TOTAL (AS P)	REPORTD	2.4	*****	KG/D	*****	0.18	*****	MG/L	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	*****		*****	2.0	*****			1/W	24HC	
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	16.2	18.7	UG/L	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****		*****	96	110			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS: [OIL & GREASE/ Load Avg.] Please note our contract lab informed me that method EPA 413.1 was inadvertently used for one O&G analysis. The result of that analysis was <5 mg/L. All other O&G results, using the proper method, were <10 mg/L. I'm confident that this datum would have also been <10 mg/L had the proper method was used. See attachment OP_OG Analysis_080624.pdf

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz	1911004868		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TYPED OR PRINTED NAME			CERTIFICATE NUMBER			
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	804-453-4211		
	TYPED OR PRINTED NAME			SIGNATURE	YEAR	MO.	DAY

Page 1

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
-------------------	--

FACILITY LOCATION 610 Menhadon Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	06	01		2008	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
AMMONIA, AS N	REPORTD	*****	*****		*****	4.87	8.38	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	NL			2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	43.7	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	*****	50			1/DAY	IS	
OIL & GREASE	REPORTD	128.9	161.0	KG/D	*****	*****	*****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680		*****	*****	*****			3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
0	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE: 18 U.S.C. & 1091 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	<table border="1"> <tr> <td>YEAR</td> <td>MO.</td> <td>DAY</td> </tr> </table>
YEAR	MO.	DAY					

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
-------------------	--

FACILITY LOCATION 610 Menhadon Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	06	01		2008	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	0.177	0.245	MGD	*****	*****	*****		0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	MEAS	
PH	REPORTD	*****	*****		8.14	*****	8.88	SU	0	2D/W	GRAB	

PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2D/W	GRAB
BOD5	REPORTD	7.57	7.57	KG/D	*****	*****	*****		0	2/M	24HC
PARAM CODE: 003	REQRMNT	470	840		*****	*****	*****			2/M	24HC
TSS	REPORTD	31.3	31.3	KG/D	*****	*****	*****		0	2/M	24HC
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****			2/M	24HC
COLIFORM, FECAL	REPORTD	*****	*****		*****	130	*****	N/CML	0	1/W	GRAB
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	2.54	*****	KG/D	*****	4.19	*****	MG/L	0	1/W	24HC
PARAM CODE: 012	REQRMNT	NL	*****		*****	NL	*****			1/W	24HC
AMMONIA, AS N	REPORTD	*****	*****		*****	1.75	1.75	MG/L	0	2/M	24HC
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45			2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
	0	0	0	Theodore Schultz 1911004868					
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 3

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY
2008	06	01

TO

YEAR	MO	DAY
2008	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	28.0	29.4	C	0	2D/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL				2D/W	
ENTEROCOCCI	REPORTD	*****	*****		*****	>2420	*****	N/CML	0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****				1/W	
OIL & GREASE	REPORTD	6.06	6.06	KG/D	*****	*****	*****		0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	46		*****	*****	*****				2/M	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE						
	0	0	0	Theodore Schultz 1911004868						
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER				
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211			
				TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY

Page 4

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY
LOCATION 610 Menhaden Rd

FROM

VA0003867		003	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	
2008	06	01	
TO			
YEAR	MO	DAY	
2008	06	30	

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	*****		MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****					
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0	SU		2/M	GRAB	
BOD5	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 003	REQRMNT	4300	7700		*****	*****	*****			2/M	24HC	
TSS	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 004	REQRMNT	110	280		*****	*****	*****			2/M	24HC	
DO	REPORTD	*****	*****		*****	*****	*****					
PARAM CODE: 007	REQRMNT	*****	*****		NL	NL	*****	MG/L		1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	*****	*****					
PARAM CODE: 012	REQRMNT	3.0	*****		*****	2.0	*****	MG/L		1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****					
PARAM CODE: 039	REQRMNT	*****	*****		*****	37	45	MG/L		2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz 1911004868			
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	

<small>RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		804-453-4211	
	TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.
					DAY	

Page 5

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen, VA 23060

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	06	01		2008	06	30

NO DISCHARGE: X

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****	C				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****	*****	UG/L				
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	
OIL & GREASE	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 500	REQRMNT	430	780		*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
					Theodore Schultz		1911004868	
					TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
					PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE 804-453-4211	
					TYPED OR PRINTED NAME		SIGNATURE	

YEAR MO. DAY

Page 6

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2008	06	01		2008	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	3.194	4.212	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		7.52	*****	8.35	SU	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	5.3	5.3	UG/L	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	36.5	44.9	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45			1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	24HC	
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	GRAB	
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
	0	0	0	Theodore Schultz 1911004868					
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY



Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
-----------------------	------	------	-----------	---------	-------------------	----------------

Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischarge						Time of Sample	After Discharge					
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28	20:00	<2	8.01	<0.1	26.90	8.29	12.00	20:30	5	7.92	<0.1	27.30	8.37	12.00
29														
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Shearwater

Name of Sample: Ted Schultz

Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischarge						Time of Sample	After Discharge					
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28	16:00	<2	7.83	<0.1	27.30	8.32	12.00	16:30	<2	7.74	<0.1	27.20	8.41	12.00
29														
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Dempster

Name of Sampler: Ted Schultz

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 6/1/08 To 6/8/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert W. Buzza July 9, 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 6/19/08 To 6/15/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert L. Buzza July 9, 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 6/16/08 To 6/22/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert La Bruyere July 9, 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 6/23/08 To 6/30/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert V. LeBrizgo July 9 2008
Signature of Principal Officer or Authorized Agent / Date

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

**DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)**

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

Piedmont Regional Office
4949-A Cox Road
Glen Allen, VA 23060

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION: 610 Menhaden Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	07	01		2008	07	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	3.550	4.254	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		6.76	*****	7.94	SU	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			3D/W	GRAB	
BOD5	REPORTD	299	955	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****			3D/W	24HC	
TSS	REPORTD	204	576	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****			3D/W	24HC	
CL2, TOTAL	REPORTD	*****	*****		*****	NR	NR	UG/L				
PARAM CODE: 005	REQRMNT	*****	*****		*****	580	1200			1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	5.48	*****	KG/D	*****	0.34	*****	MG/L	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	*****		*****	2.0	*****			1/W	24HC	
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****		*****	96	110			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		
	0	0	0	Theodore Schultz		
				1911004868		
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE: 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE
						804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE
				YEAR	MO.	DAY

Page 1

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	07	01		2008	07	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
AMMONIA, AS N	REPORTD	*****	*****		*****	4.63	8.18	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	NL			2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	37.6	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	*****	50			1/DAY	IS	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680		*****	*****	*****			3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
0	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR MO. DAY

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY
LOCATION

610 Menhaden Rd

MONITORING PERIOD

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

FROM

YEAR	MO	DAY	YEAR	MO	DAY
2008	07	01	2008	07	31

TO

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	.151	.224	MGD	*****	*****	*****		0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	MEAS	
PH	REPORTD	*****	*****		7.68	*****	8.42	SU	0	2D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2D/W	GRAB	
BOD5	REPORTD	16.0	25.0	KG/D	*****	*****	*****		0	2/M	24HC	
PARAM CODE: 003	REQRMNT	470	840		*****	*****	*****			2/M	24HC	
TSS	REPORTD	33.2	49.1	KG/D	*****	*****	*****		0	2/M	24HC	
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****			2/M	24HC	
COLIFORM, FECAL	REPORTD	*****	*****		*****	92	*****	N/CML	0	1/W	GRAB	
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	6.99	*****	KG/D	*****	9.78	*****	MG/L	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	NL	*****		*****	NL	*****			1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	8.95	15.6	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45			2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)	TYPED OR PRINTED NAME		CERTIFICATE NUMBER				
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211			
	TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY	

Page 3

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

FACILITY LOCATION 610 Menhaden Rd

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
2008	07	01	TO	2008	07	31

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	26.2	30.5	C	0	2D/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL					
ENTEROCOCCI	REPORTD	*****	*****		*****	>2420	*****	N/CML	0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****					
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****		0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	46		*****	*****	*****					

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
0	0	0		Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	
						YEAR	MO.

Page 4

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen, VA 23060

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
2008	07	01	TO	2008	07	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FACILITY LOCATION 610 Menhaden Rd

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD			MGD	*****	*****	*****			CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****					
PH	REPORTD	*****	*****		6.0	*****	9.0	SU		2/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		*****	*****	*****					
BOD5	REPORTD				*****	*****	*****					

PARAM CODE: 003	REQRMNT	4300	7700	KG/D	*****	*****	*****		2/M	24HC
TSS	REPORTD			KG/D	*****	*****	*****		2/M	24HC
PARAM CODE: 004	REQRMNT	110	280		*****	*****	*****			
DO	REPORTD	*****	*****		NL	NL	*****	MG/L	1/DAY	GRAB
PARAM CODE: 007	REQRMNT	*****	*****		*****	*****	*****			
PHOSPHORUS, TOTAL (AS P)	REPORTD			KG/D	*****	2.0	*****	MG/L	1/W	24HC
PARAM CODE: 012	REQRMNT	3.0	*****		*****	*****	*****			
AMMONIA, AS N	REPORTD	*****	*****		*****	37	45	MG/L	2/M	24HC
PARAM CODE: 039	REQRMNT	*****	*****		*****	*****	*****			

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		
				Theodore Schultz		
				1911004868		
				CERTIFICATE NUMBER		
				804-453-4211		
				TELEPHONE		
				YEAR		
				MO.		
				DAY		

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Page 5

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

FACILITY LOCATION 610 Menhaden Rd

FROM

VA0003867	003				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	07	01	2008	07	31

TO

NO DISCHARGE: X

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****						
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL		1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****						
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL		1/M	GRAB	
OIL & GREASE	REPORTD				*****	*****	*****				
PARAM CODE: 500	REQRMNT	430	780	KG/D	*****	*****	*****		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
				Theodore Schultz		1911004868		
	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>			TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211	
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

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PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
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FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	07	01		2008	07	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	3.514	4.212	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		7.35	*****	8.17	SU	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	5.5	5.5	UG/L	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	33.6	38.5	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45			1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	24HC	
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	GRAB	
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
	0	0	0	Theodore Schultz		1911004868		
	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND</small>			TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211	
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TYPED OR PRINTED NAME

SIGNATURE

YEAR

MO.

DAY

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Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischarge						After Discharge						
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
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29														
30	8:45	<2	6.63	<0.1	27.6	8.03	23	9:10	7.9	7.32	0.13	27.4	8.41	18
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Dempster

Name of Sample: Ted Schultz

Chesapeake Bay Water Quality Monitoring Data

Predischarge								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)
1														
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29														
30	10:15	2.0	6.15	<0.1	27.80	7.95	20	10:30	9.2	7.02	0.16	27.10	8.37	21
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)

Name of Vessel: Tangier Island

Name of Sample: Ted Schultz

CB Refrigeration Water Tangier Island July 2008.xls

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/1/08 To 7/6/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert V. St. Bruno 8/13/08
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/7/08 To 7/13/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert C. Frazier 8/13/08
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/14/08 To 7/20/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert V. Bruggen 8/13/08
Signature of Principal Officer or Authorized Agent / Date